

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Ambrose* Town _____ County *Jefferson* MARYLAND

Died at _____

Date of death *1960* Month *Mar* Day *18* Age *0* Years _____ Months *11* Days *20*

Sex *male* Color or Race *white* Birth-place *Davis, W. Va.*

Occupation _____ Where Residing if not at place of death *Davis, W. Va.*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Geo. E. Ambrose* Father's Birthplace *W. Va.*

Mother's Maiden Name *Delia P. Bohrer* Mother's Birthplace *W. Va.*

Name of person giving Information *Geo. E. Ambrose* How related to deceased *father*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

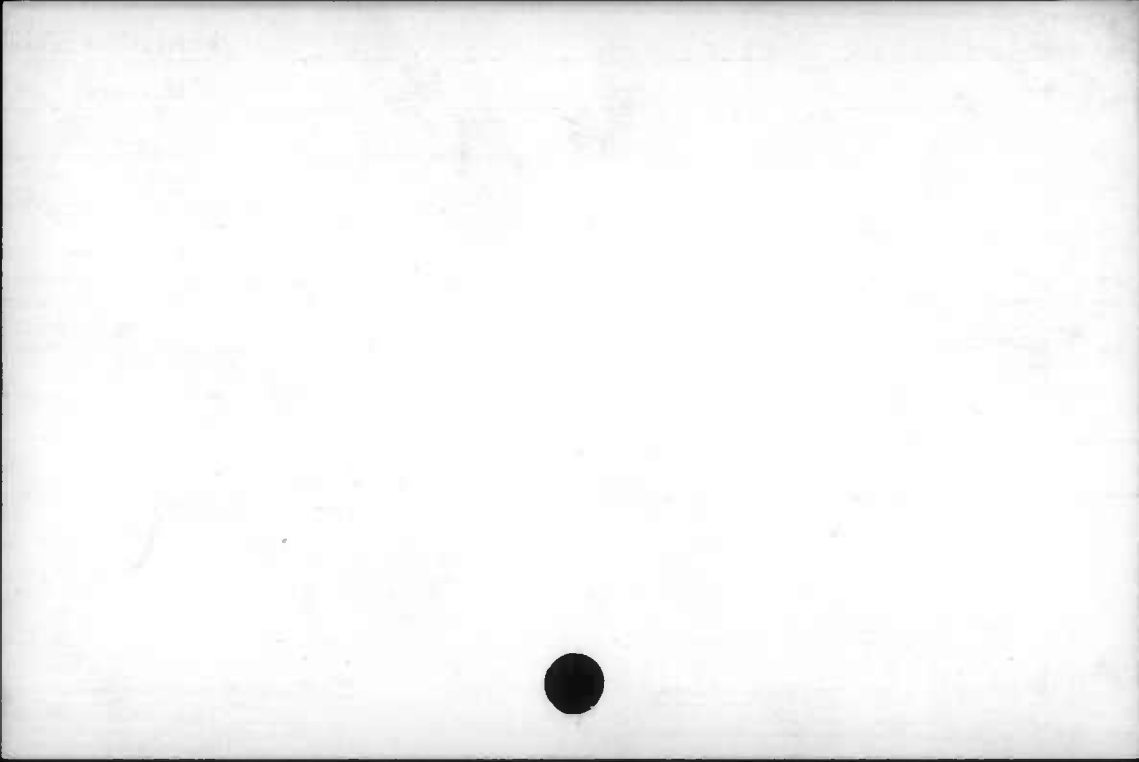
Primary *Broncho-pneumonia* How long *Do not know*

Immediate *Asphyxia* How long *24 hours - 2*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *Dr. R. L. ...* Address *Jefferson, W. Va.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Howard Baer*
Town *Frederick* County *Frederick*

MARYLAND

Died at *Frederick* Month *3* Day *25* Age *0* Years *2* Months *0* Days

Date of death *1900*
Sex *Male* Color or Race *White* Birthplace *Fredericks*
Occupation _____

Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *James Howard Baer*

Father's Birthplace *Frederick Co Md*

Mother's Maiden Name *Estella Kefauver*

Mother's Birthplace *" " "*

Name of person giving Information *J. H. Baer*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Brunch, Premia*
Cardiac failure

How long *2 weeks*

How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

F. H. Hedger
Fredericks

PHYSICIAN
OR CORONER

Accident or Suicide *no*

Interment Mar 26 1910

" at Middletown Lutheran Cemetery

Thomas P. Rice F.O.

as Hedges

as Mc Gurdy

Name in Full **Lydia Florence Blank**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town **Frederick** County **MARYLAND**
 Died at **near Middletown**
 Date of death **1900** Month **June** Day **20** Age **20** Months **9** Days **22**
 Sex **Female** Color or Race **White** Birth-place **Frederick Co Md**
 Occupation **Housewife** Where Residing if not at place of death **✓**
 Married, Single or Widowed **Married** Name of Wife or Husband **Ray Chester Blank**
 Father's Name **Lawson Summen** Father's Birthplace **Frederick Co Md**
 Mother's Maiden Name **Julia Fredericks** Mother's Birthplace **Md**
 Name of person giving Information

CAUSES OF DEATH

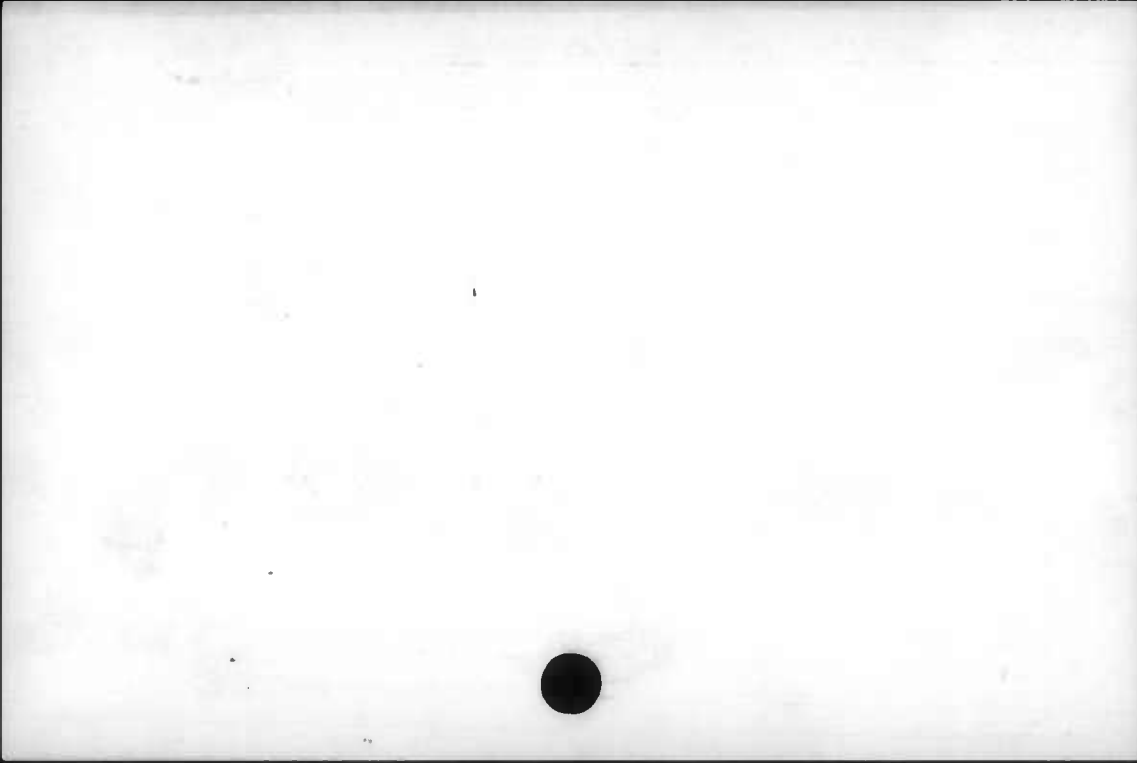
137 ✓

Primary **Puerperal Peritonitis** How long **4 days**
 Immediate **Loxemia** How long **4 days**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **E. L. Beckley**
 Address **Middletown Md**

Accident or Suicide



Name
in
Full

Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 19 <i>00</i>		Month <i>3</i>		Day <i>8</i>		Age <i>Premature birth 7½ months</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>near Frederick</i>			
Occupation <i>none</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed		Name of Wife or Husband <i>John Bowie</i>					
Father's Name <i>John Bowie</i>				Father's Birthplace <i>Fredk Co.</i>			
Mother's Maiden Name <i>Emma Bibbins</i>				Mother's Birthplace <i>Montg. Co</i>			
Name of person giving information <i>John Bowie</i>				How related to deceased <i>Father</i>			

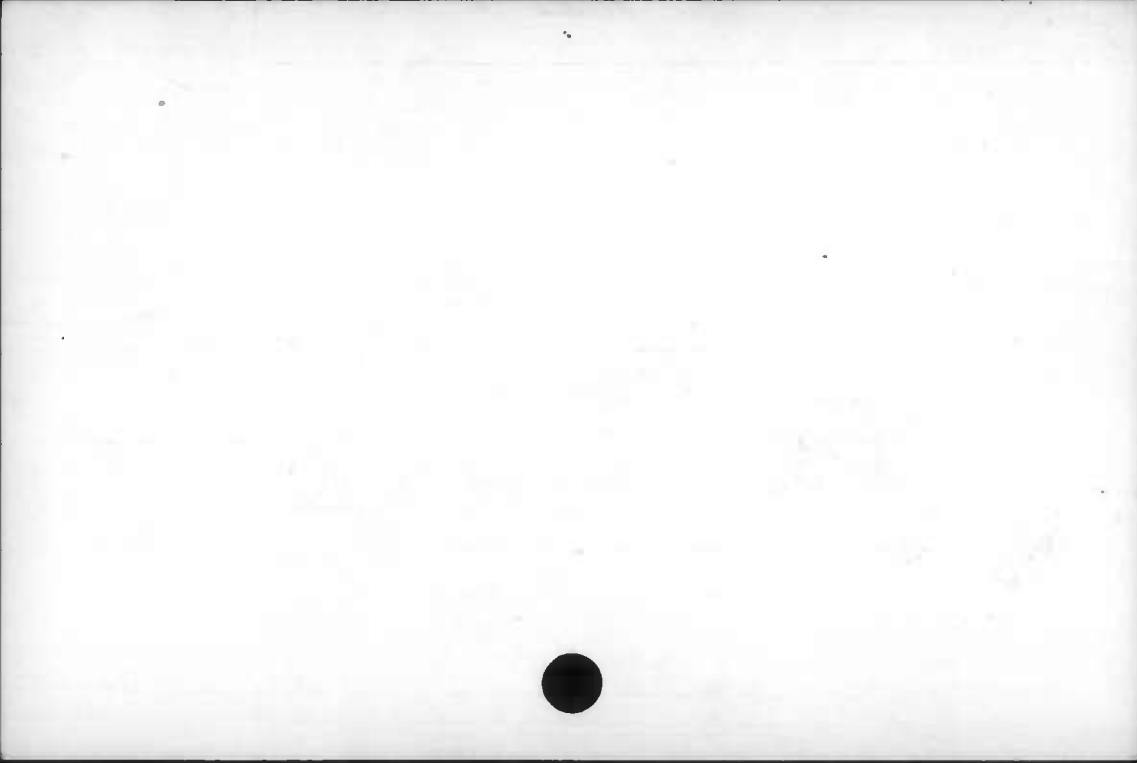
CAUSES OF DEATH

34

✓

PHYSICIAN
OR CORONER

Primary <i>Syphilis</i>	How long <i>Unknown</i>
Immediate <i>Premature birth</i>	How long <i>7½ months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B O Thomas MD</i>
	Address <i>Frederick, Md</i>
Accident or Suicide	



Name
in
Full

Robert S. Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

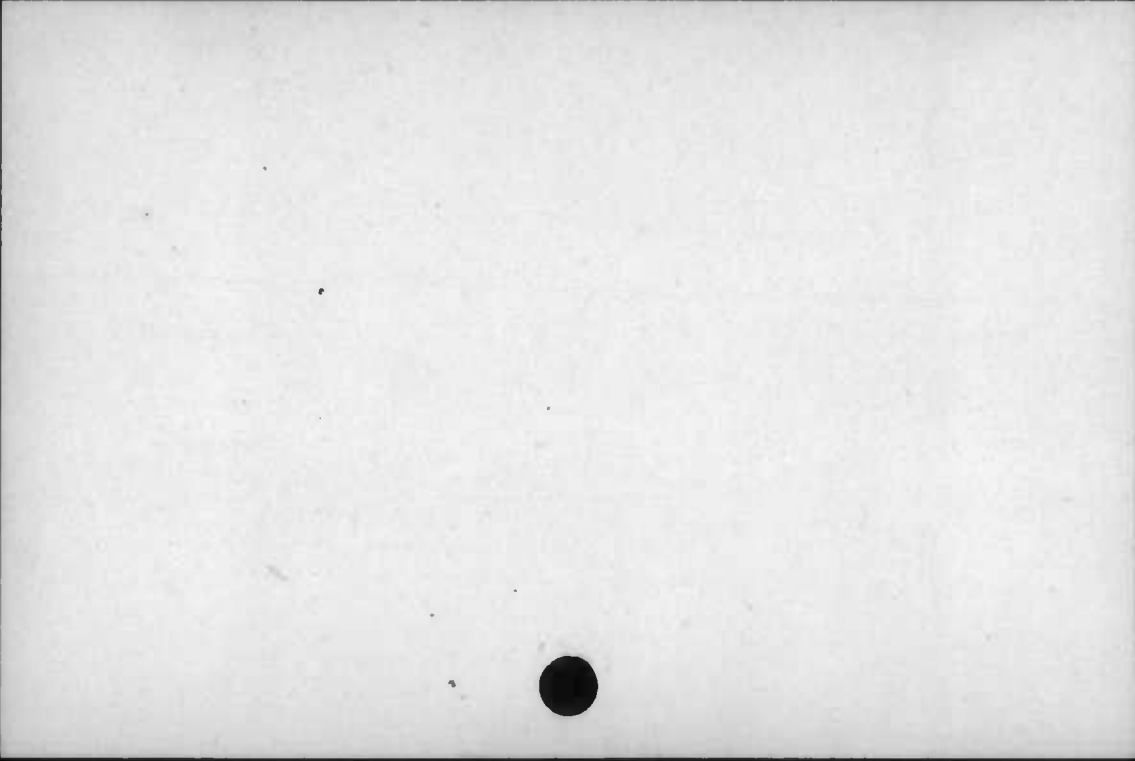
Died at ^{Town} near Centerville		^{County} Frederick		MARYLAND									
Date of death	1900	Month	March	Day	17 th	Age	1	Years		Months	7	Days	9
Sex	male	Color or Race	colored	Birth-place	Md.								
Occupation	Where Residing if not at place of death												
Married, Single or Widowed	Name of Wife or Husband												
Father's Name	Bradley Bowie						Father's Birthplace	Md.					
Mother's Maiden Name	Elizabeth						Mother's Birthplace	Md.					
Name of person giving information	Bradley Bowie						How related to deceased	Father					

CAUSES OF DEATH

(93) ✓

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes as	
paralearned	
Accident or Suicide?	
Signature of Physician	Thomas Grunwell, Sub Registrar
Address	Araby, R.F.D. 1, Md.



Name
in
Full

M Jeannette Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fredk		County Fredk		MARYLAND	
Date of death	1940	Month March	Day 27	Age	5' 8	Months 1	Days 13
Sex	Female		Color or Race	White		Birth-place	Wd
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	James a Brown			
Father's Name	Abraham Etzendorfer					Father's Birthplace	Wd
Mother's Maiden Name	Mary E. Brokey					Mother's Birthplace	Wd
Name of person giving information	Jas A Brown					How related to deceased	Husband

CAUSES OF DEATH

40

✓

PHYSICIAN
OR CORONER

Primary	Carcinoma of Liver	How long	don't know
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Mrs. Crawford
		Address	Fredk Md
Accident or Suicide?	no		



Name
in
Full

CERTIFICATE OF DEATH

Joseph Lewis Brown

Town

County

MARYLAND

Died at

Point of Rocks

Frederick

Date

of death

1960

Month

March

Day

25

Age

Years

76

Months

1

Days

15

Sex

Male

Color or
Race

White

Birth-
place

London Co Va

Occupation

Retired Farmer

Where Residing if not
at place of death

Point of Rocks

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Fry

Father's
Name

Not Known

Father's
Birthplace

Not Known

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Not Known

Name of person giving
Information

Mrs. L. W. Wright

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Paralysis Agitans

How long

Five Years

Immediate

Paralysis of the Heart

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

L. W. Trappnell

Address

Point of Rocks
Md

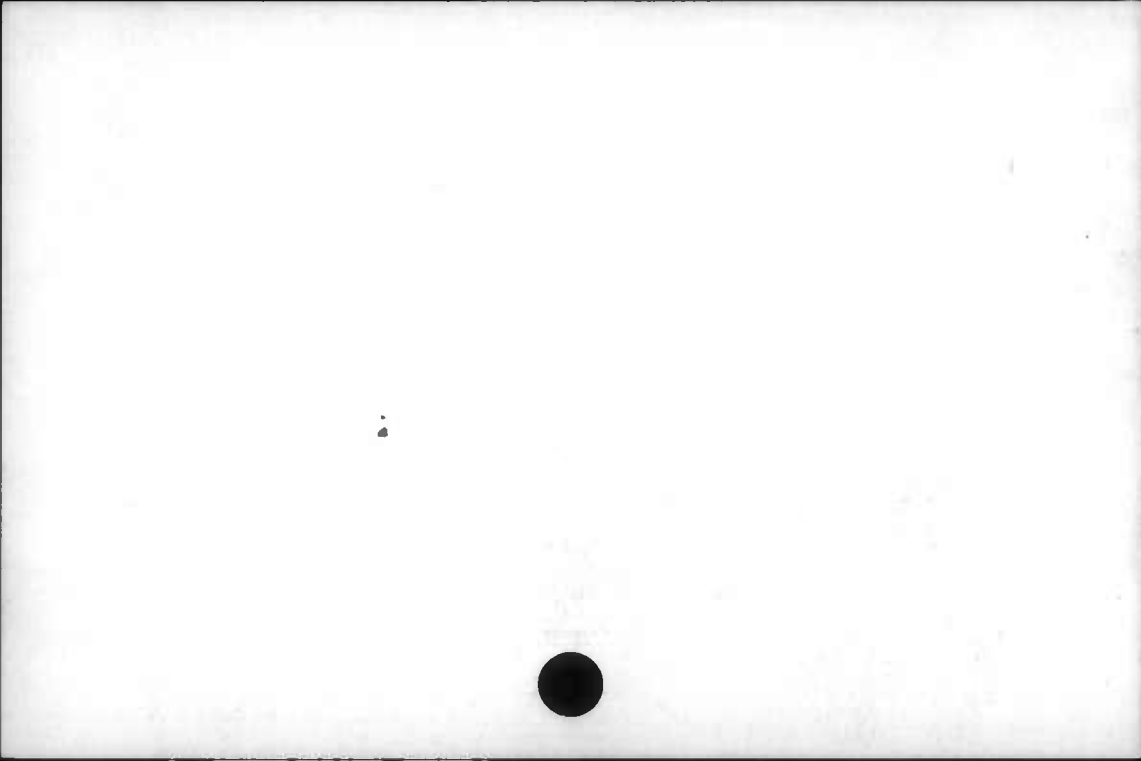
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

63



Name
in
Full

Susan Brown

CERTIFICATE OF DEATH

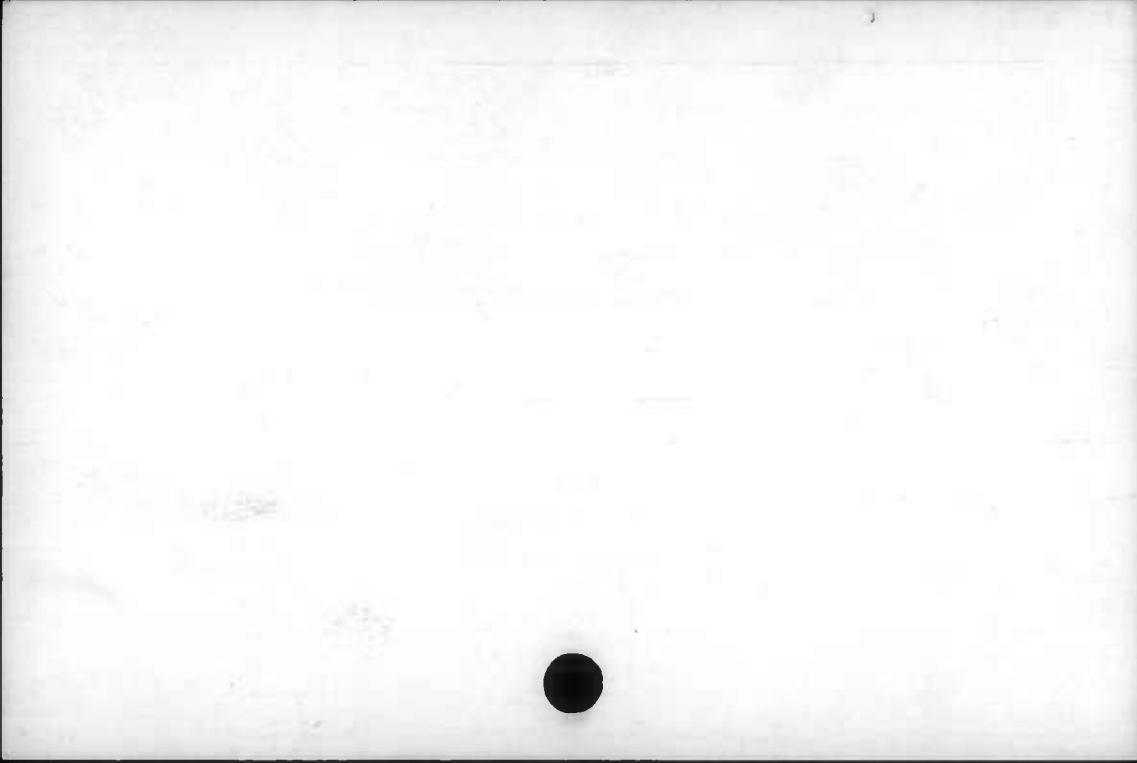
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Foppelle</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death <i>1980</i>		Month <i>3</i>		Day <i>31</i>		Years <i>86</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>11</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>		Days <i>16</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife Husband <i>Samuel Brown</i>					
Father's Name <i>Daniel Smith</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Margaret Ohaus</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>Alice Harbangle</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary <i>Fracture femur Hip</i>	How long <i>185</i>
Immediate <i>Hypostatic pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yr</i>	Signature of Physician <i>Morris A. Budy</i>
<i>Accident from fall</i>	Address <i>Thurmont - Md</i>
Accident or Suicide <i>—</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Daniel Edward Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

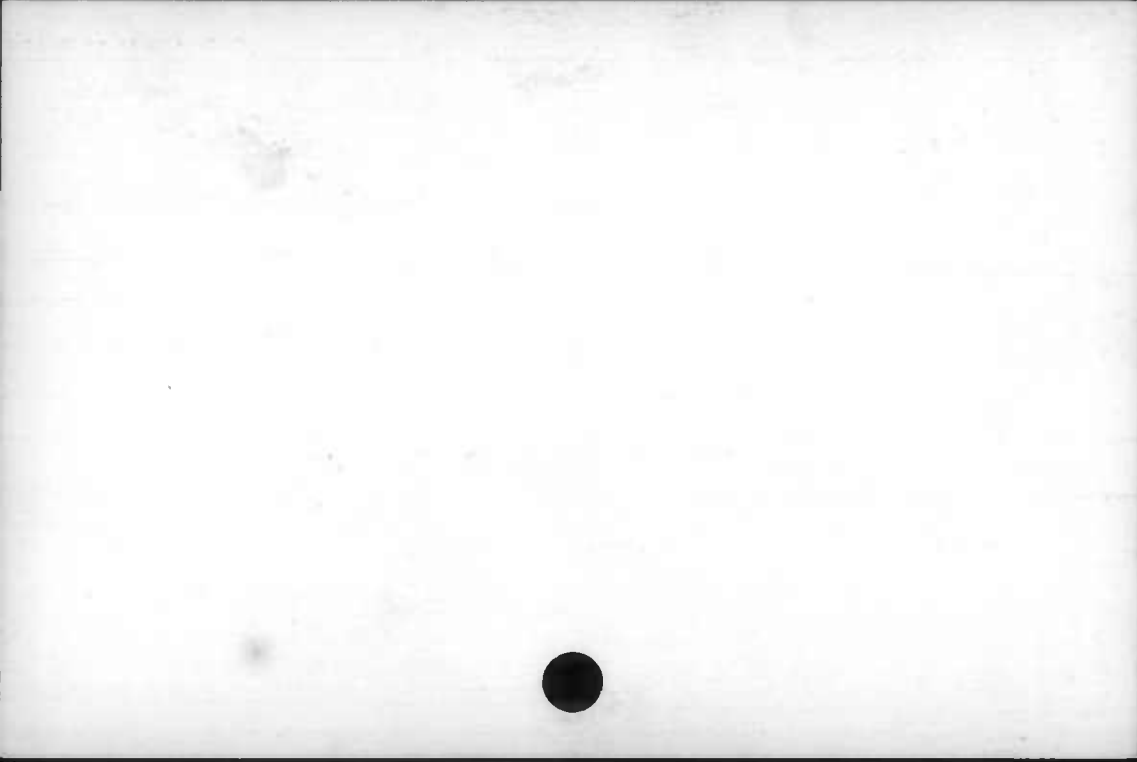
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 1940		Month March	Day 29	Age 56	Months 10	Days 19	
Sex male		Color or Race white		Birth-place New York			
Occupation Painter				Where Residing if not at place of death			
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband Barbara A. Faubel					
Father's Name Edward Burns		Father's Birthplace don't know					
Mother's Maiden Name Charlotte Elizabeth (?)		Mother's Birthplace don't know					
Name of person giving Information Charles Burns		How related to deceased son					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Nephritis	How long several years
Immediate Bronchoma	How long two days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. Crawford Johnson
	Address Frederick Md
Accident or Suicide neither	



Name
in
Full

Robert S. Campbell

CERTIFICATE OF DEATH

Town

County

Died at Frederick

Frederick

MARYLAND

Date
of death 1940

Month

3

Day

7

Age

Years

44

Months

8

Days

3

Sex Male

Color or
Race

Black

Birth-
place

Pittsburg Pa

Occupation

Shoe Repairer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Robert S. Campbell

Father's
Birthplace

Fredericks

Mother's
Maiden Name

Charlotte Walker

Mother's
Birthplace

"

Name of person giving
Information

Walter Campbell

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid fever

How long

Four weeks

Immediate

Cardiac Asthenia

How long

Three days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

B. L. Shomadine,
Frederick
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Interment Mar 9. 10

" at Laboring Lou's Care,

Thomas P. Rice F.D.O.

Dr B. O. Thomas

Dr M. C. Cusdy

Name
in
Full

Virgin May Carey

CERTIFICATE OF DEATH

Died at Donb. Town Fredric County

MARYLAND

Date of death 1960 Month March Day 21 Age 25 Years Months 7 Days 20

Sex Female Color or Race white Birth-place Md.

Occupation Housekeeper Where Residing if not at place of death Home

Married, Single or Widowed Married Name of Deceased's Husband Jacob R. Carey

Father's Name Dannie S. Mellow Father's Birthplace Md.

Mother's Maiden Name May Virginia Baston Mother's Birthplace Md.

Name of person giving information Mr. Jua Carey How related to deceased Brother-in-Law

CAUSES OF DEATH

54

Primary

Anaemia

How long

5 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. B. Caldwell, M.D.

Address

Adamsston, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H

Mc Curdy
Goodell

Name
in
Full

Castle Clanthina O Castle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mountain Hospital ^{County} Frederick MARYLAND

Date of death 1904 ^{Month} Mar ^{Day} 13 Age ^{Years} 26 ^{Months} 3 ^{Days} 23

Sex Female Color or Race White Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Reson Castle Father's Birthplace Ind

Mother's Maiden Name Amelia Weirly Mother's Birthplace Ind

Name of person giving Information Martin O Castle How related to deceased Bro

CAUSES OF DEATH

67 ✓

PHYSICIAN
OR CORONER

Primary General Paralysis How long Years

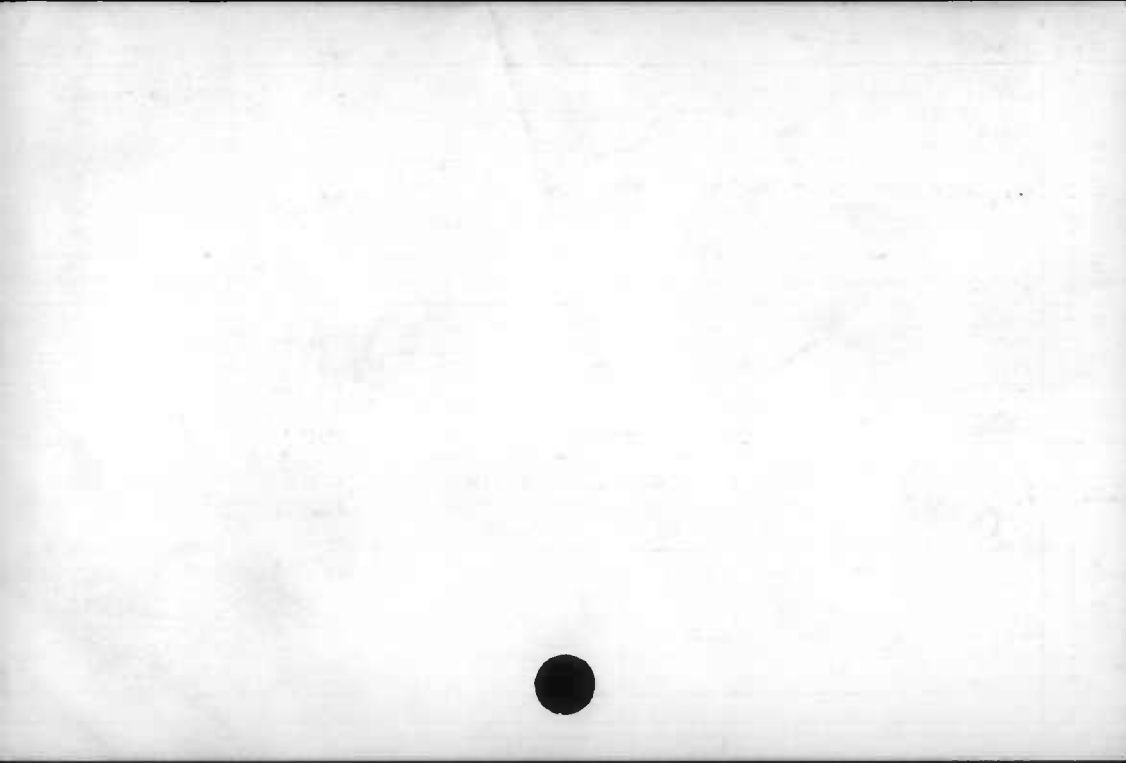
Immediate Asthenia How long 3 months

Are the name, age, sex, color, data and place correctly given above? _____

Signature of Physician Henry P. Fahrney, M.D.

Address Frederick Md

Accident or Suicida _____



Name
in
Full

Fannie P. Craig

CERTIFICATE OF DEATH

Town

County

Died at Braddock

Fredereck

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1910

3

22

Age

22

8

10

Sex
Occupation

Female

Color or
Race

Black

Birth-
place

Braddock

Servant

Where Residing if not
at place of death

Washington D.C.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Craig

Father's
Birthplace

Ta

Mother's
Maiden Name

Fannie Ashby

Mother's
Birthplace

Va

Name of person giving
Information

Mrs Craig

How related
to deceased

Mother

CAUSES OF DEATH

Primery

Peritonitis

How long

10 to 12 days

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

U. E. Bourne M.D.

Address

Fredereck. Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Mar 25 1910

" at Greenacres Cemetery

Thomas R. Rice F.O.

Dr. Bauman,

Dr. Goodell.

Dr. McQuady.

Name
in
Full

Infant (White Ruth) J.M. Cranner

CERTIFICATE OF DEATH

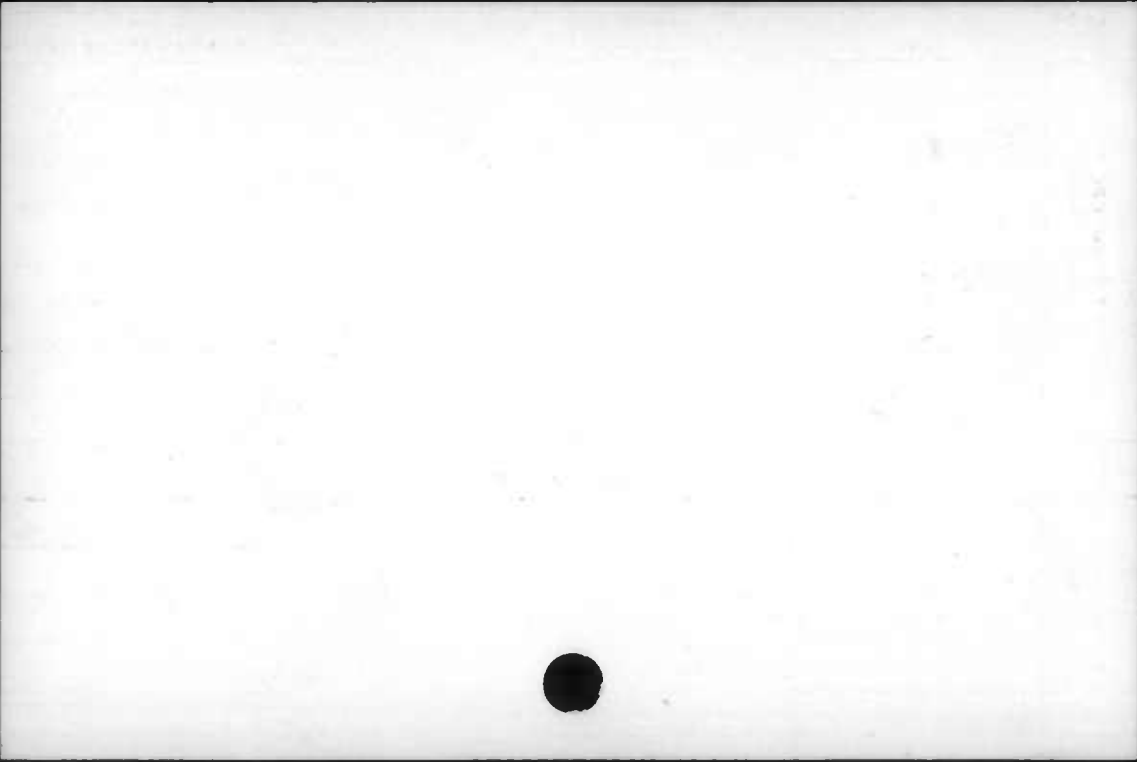
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> Town		<u>Fredrick</u> County		MARYLAND	
Date of death 19 <u>00</u>	Month <u>Mar</u>	Day <u>5</u>	Age <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Brid.</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Fredrick M. Cranner</u>			Father's Birthplace <u>W. Va.</u>		
Mother's Maiden Name <u>Mable Amelia Kern</u>			Mother's Birthplace <u>W.</u>		
Name of person giving Information <u>Mable A. Cranner</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Difficult Birth Presentation</u>		How long
Immediate	<u>Asphyxia</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Lin. West</u> <u>Brunswick</u> <u>Fredrick Cr</u>
<u>yes</u>		Address	
<u>Accident or Suicide</u>			



Name

In
Full

CERTIFICATE OF DEATH

Daniel Crenshaw

Town

County

Died at Mountairdale Frederick

MARYLAND

Date

of death 1940

Month

3

Day

3

Age

Years

1

Months

1

Days

18

Sex

Male

Color or
Race

Black

Birth-
place

F. Co Md

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Richard Crenshaw

Father's
Birthplace

Penn.

Mother's
Maiden Name

Nettie Ricketts

Mother's
Birthplace

F. Co Md

Name of person giving
Information

Richard Crenshaw

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cold

How long

1 week

Immediate

Pneumonia

How long

5 Days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. D. Neighbors M.D.

Address

Lewistown Md
for F. F. Rice,
by permission.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

I

Interment Mar 4 1910

" at Greenmount ~~Cem.~~

Thomas P. Rice F. & O.

Dr. E. O. Neighbors,

Dr Goodell,

Dr McCurdy.

Name
in
Full

Eli Greshaw

CERTIFICATE OF DEATH

Town

County

Died at Mountaindale

Frederick

MARYLAND

Date
of death 1900

Month

3

Day

2

Age

Years

1

Months

1

Days

17

Sex

Male

Color or
Race

Black

Birth-
place

Ft. Co. Md

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Richard Greshaw

Father's
Birthplace

Penn.

Mother's
Maiden Name

Nettie Ricketts

Mother's
Birthplace

Ft. Co. Md

Name of person giving
Information

Richard Greshaw

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cold

How long

1 week

Immediate

Pneumonia

How long

5 Days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. D. Neighbors M.D.

Address

Leesestown Md
for F. T. Rice
by permission

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Internment Mar 4 1910

" at Greenmount Cemetery,

Thomas P. Rice F.O.D.

Dr. C. D. Nighbors

Dr Goodell

Dr McCusdy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Worthy Elizabeth Currens</i>		Town <i>Thurmond</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>3</i>		Day <i>1</i>		Years <i>5</i>	
Date of death <i>1900</i>		Age <i>23</i>		Month <i>5</i>		Days <i>23</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i></i>			
Father's Name <i>Edward R. Currens</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Haisy R. Creager</i>				Mother's Birthplace <i>"</i>			
Name of person giving Information <i>E. R. Currens</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Merasmus.</i>	How long <i>3 mos</i>
Immediate <i>Acute Dementia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Marion B. Baily</i>
	Address <i>Thurmond - Md</i>
Accident or Suicide <i></i>	

PHYSICIAN
OR CORONER



Name
in Full

Wm B. Davis

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death

1910

Month

March

Day

20

Age

Years

65

Months

11

Days

21

Sex

Male

Color or Race

white

Birth-place

Frederick Co., Md.

Occupation

Driver Fire Engine

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Frances Hately

Father's Name

Nathan Davis

Father's Birthplace

Frederick Co., Md.

Mother's Maiden Name

Elizabeth D. Ashmunt

Mother's Birthplace

Frederick Co., Md.

Name of person giving information

John Davis

How related to deceased

Son

CAUSES OF DEATH

Primary

Injured chest probably rupture of heart + lung
Injury - Run over by Fire Engine

How long

166

175

Immediate

Sudden death

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

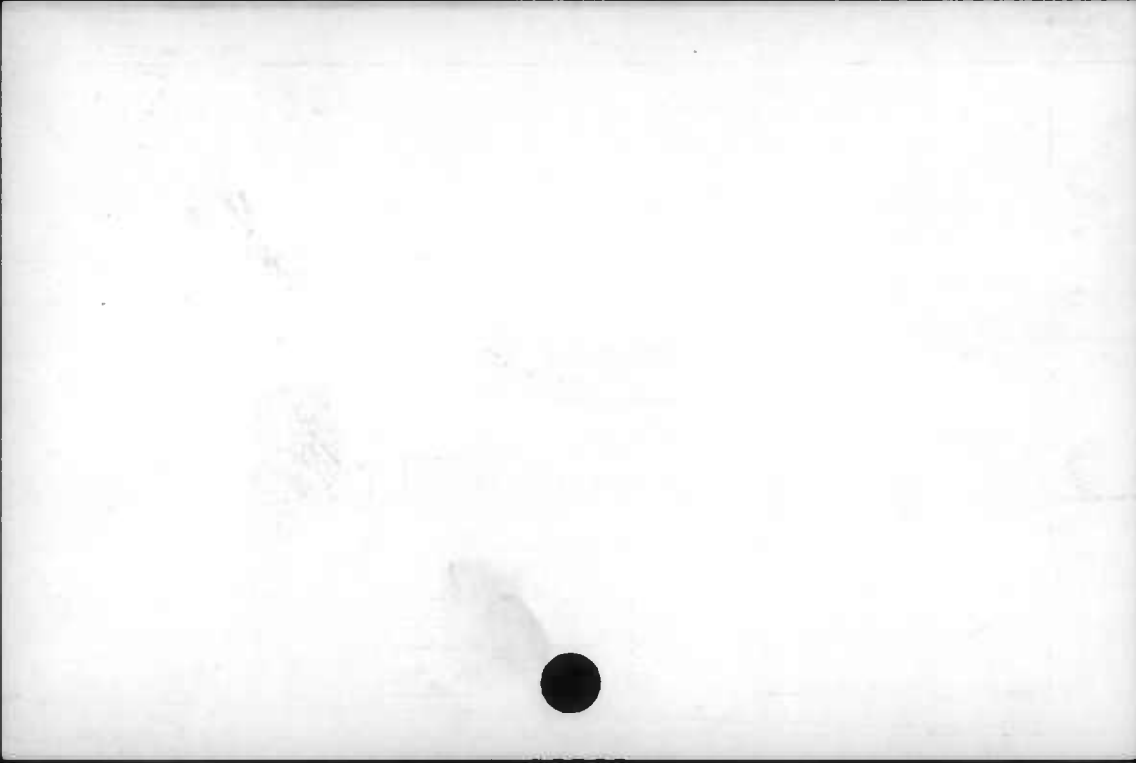
J. H. Nicodemus, M.D.
Frederick, Md.

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Hellen Dean

CERTIFICATE OF DEATH

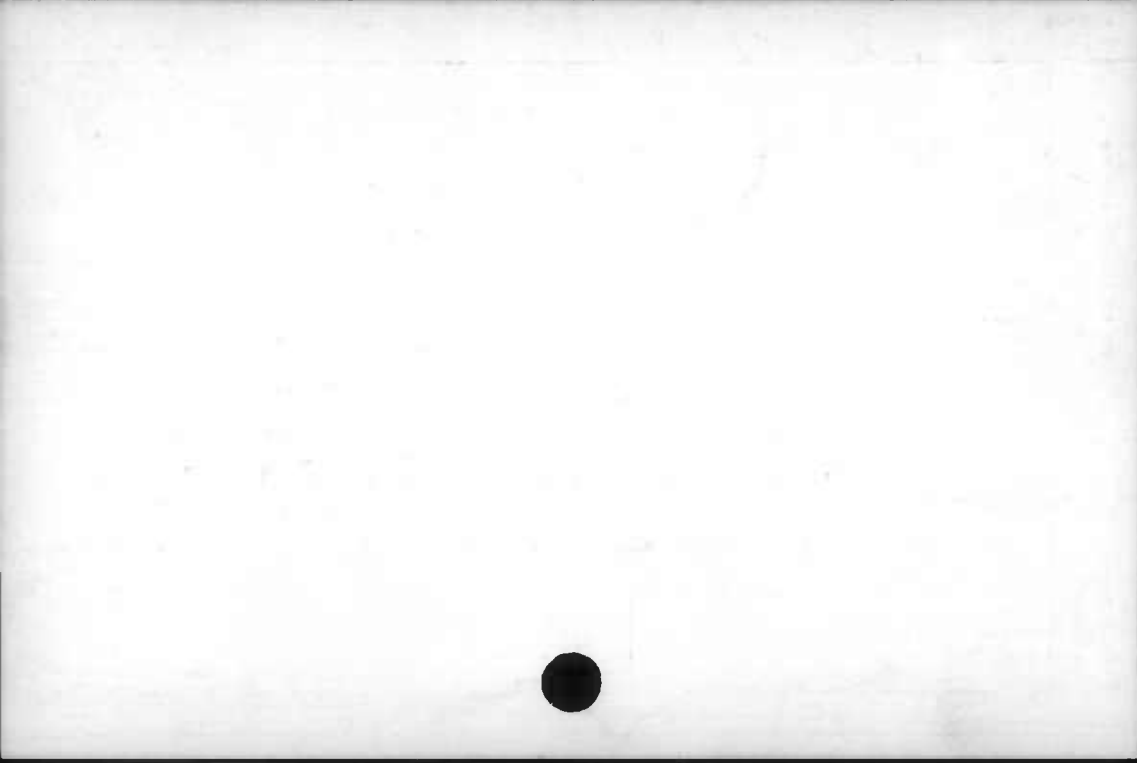
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pomroy Rocks</i>		Town		<i>Fredrick</i>		County		MARYLAND	
Date of death <i>1940</i>		Month <i>March</i>		Day <i>26</i>		Age		Months <i>10</i> Days <i>16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pomroy Rocks</i>					
Occupation				Where Residing if not at place of death					
Merrlad, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Charles B. Dean</i>				Father's Birthplace <i>Pomroy Rocks</i>					
Mother's Maiden Name <i>Mary V. McKnight</i>				Mother's Birthplace <i>Pomroy Rocks</i>					
Name of person giving Information <i>Chas B. Dean</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>Broncho Pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>Four days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>R. M. Trappnell</i>	
		Address	
		<i>Pomroy Rocks</i>	
Accident or Suicide		<i>md</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Margaret E. Dougherty

CERTIFICATE OF DEATH

MARYLAND

Died at *Ham Fredrick*

Date of death 1960

Month 3

Day 21

Age 7

Years

Months 4

Days 18

Sex Female

Color or Race

Wh

Birth-place

Pa

Occupation

School

Where Residing if not at place of death

X

Married, Single or Widowed

X

Name of Wife or Husband

X

Father's Name

Charles H. Dougherty

Father's Birthplace

Pa

Mother's Maiden Name

Mary Maud Balth

Mother's Birthplace

Pa

Name of person giving Information

C. H. Dougherty

How related to deceased

father

CAUSES OF DEATH

Primary

Peritonitis + Septicemia

How long

3 weeks

Immediate

Heart failure

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. B. F. Gooden

Address

Fredrick

Accident or Suicide

no

(over)

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mr Oliver

3/22 10

lolo.

Name *No*
in Full *Name*

CERTIFICATE OF DEATH

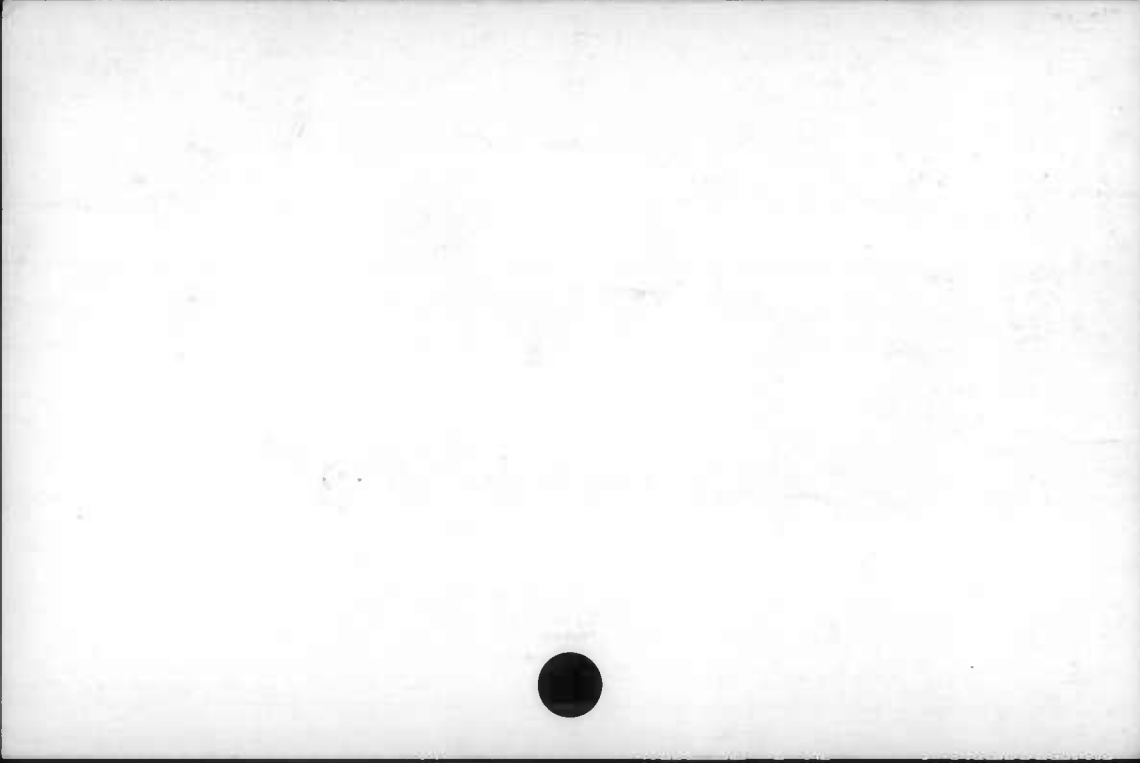
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>March</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Frederick, Md</i>					
Occupation <i>X</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>George Flippen</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Ozie Jones</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Ozie Jones</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prolonged Labor</i>	How long <i>Several days</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. G. Bourne MD.</i>
	Address <i>Frederick, Md</i>
Accident or Suicida	



Name
in
Full

Frances E. Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Near Yellow Springs Town Fredrick County MARYLAND
Died 26 Month 3 Day 26 Age 41 Years 2 Months 28 Days
Date of death 1910
Sex Female Color or Race White Birth-place Fredrick Co Md
Occupation House Wife Where Residing if not at place of death Same
Married, Single or Widowed Married Name of Wife or Husband Charles E. Fox
Father's Name George Whipp Father's Birthplace F. Co Md
Mother's Maiden Name Fannie Harris Mother's Birthplace " " "
Name of person giving Information Chas E. Fox How related to deceased Husband

CAUSES OF DEATH

Primary Death of foetus in utero

Immediate Sephemina

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician
Address

F. H. Hedden
Fredrick

137
How long Don't know
How long 48 hours

Accident or Suicide no

PHYSICIAN
OR CORONER

Interment Mar 27-1910

" At Yellow Springs Cemetery

Thomas P. Rice F.R.S.

Dr. Hedges

Dr. Goodell

Name
in
Full

CERTIFICATE OF DEATH

Eugenia E. Goff

Town

County

Died at *Fredericks*

Frederick

MARYLAND

Date
of death 19*00*

Month

3

Day

3

Age

Years

61

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Rhode Island

Occupation

House Keeper

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

George Goff

Father's
Birthplace

Rhode Island

Mother's
Maiden Name

Martha

Mother's
Birthplace

" "

Name of person giving
Information

Mrs. Geo. Lewis

How related
to deceased

Step Sister

CAUSES OF DEATH

80

✓

Primary

Arterio Sclerosis

How long

several years

Immediate

Angina Pectoris

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

*J. B. Johnson
Frederick, Md.*

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Interment Mar 5 1910

" at Mt Olivet Cemetery

Thomas P. Rice F.D.

Dr. T. B. Johnson

or McCurdy,

Name
in
FullWilliam T. Grayson
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Frederick

Frederick

Date
of death 1960

Month

3

Day

20

Age

Years

0

Months

5

Days

16

Sex

Male

Color or
Race

Black

Birth-
place

Frederick

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William Grayson

Father's
Birthplace

Fredk Co Md

Mother's
Meiden Name

Edith Roberts

Mother's
Birthplace

Frederick

Name of person giving
Information

Mae. Grayson

How related
to deceased

Mother

CAUSES OF DEATH

189

Primary

Myocardial

How long

Four weeks

Immediate

Cardiac Ischemia

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

B. C. Thomas MD

Address

Frederick, Md

Accident or Suicide

Saw the child once that was in
my officeTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment Mar 22. 1910

" at Greenmount Cemetery

Thomas P. Rice F. & O.

Dr. Thomas,

Dr. M. C. Curdy

Name
in
Full

Adolph Nahr

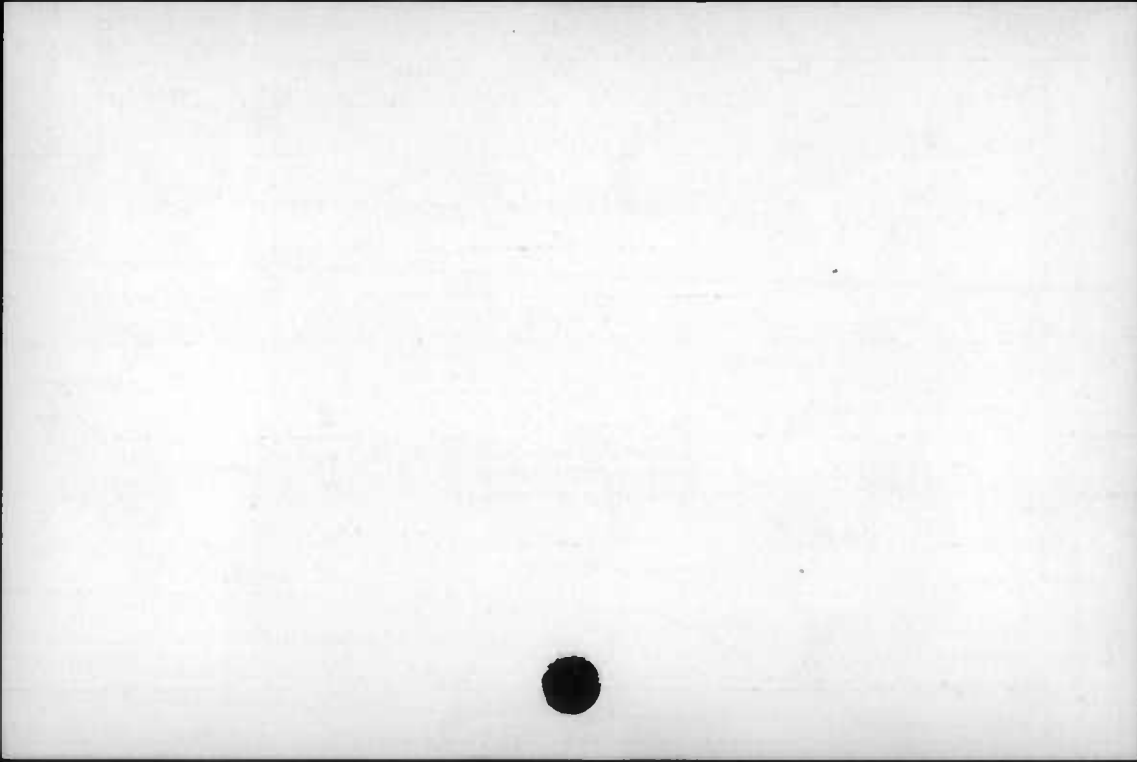
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1900	Month Mch.	Day 20	Age 77	Years 3	Months 15
Sex male		Color or Race white		Birth-place Germany			
Occupation Retired		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband Caroline Jacobsen					
Father's Name Noh		Father's Birthplace German					
Mother's Maiden Name Known		Mother's Birthplace Germany					
Name of person giving information Miss Anne Nahr		How related to deceased Daughter					

CAUSES OF DEATH

Primary		Slipped in rising from breakfast table & fell on side fracturing hip.	
Intercapsular fracture femur		How long 2 weeks	
Immediate Cardiac Asthenia		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. O. Herdine, M.D.	
		Address Frederick, Md.	
Accident or Suicide Accident			



Name
in
Full

Francis D. Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pearce</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death 19 <u>10</u>	<u>3</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>97</u>	<u>3</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>MD</u>			
Occupation <u>Glosser</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Kelam Catherine Elserode</u>				
Father's Name <u>Donnie Hahn</u>	Father's Birthplace <u>MD</u>				
Mother's Maiden Name <u>Elz Hinds</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving Information <u>Delia Cyles</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary <u>Sensitivity. debility</u>	<u>154</u> <small>How long</small> <u>One yr</u>
Immediate <u>of tuberculosis</u>	<u>10 days</u> <small>How long</small>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W.A. Lou</u>
	Address <u>Frederick Md.</u>
Accident or Suicide <u>—</u>	

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

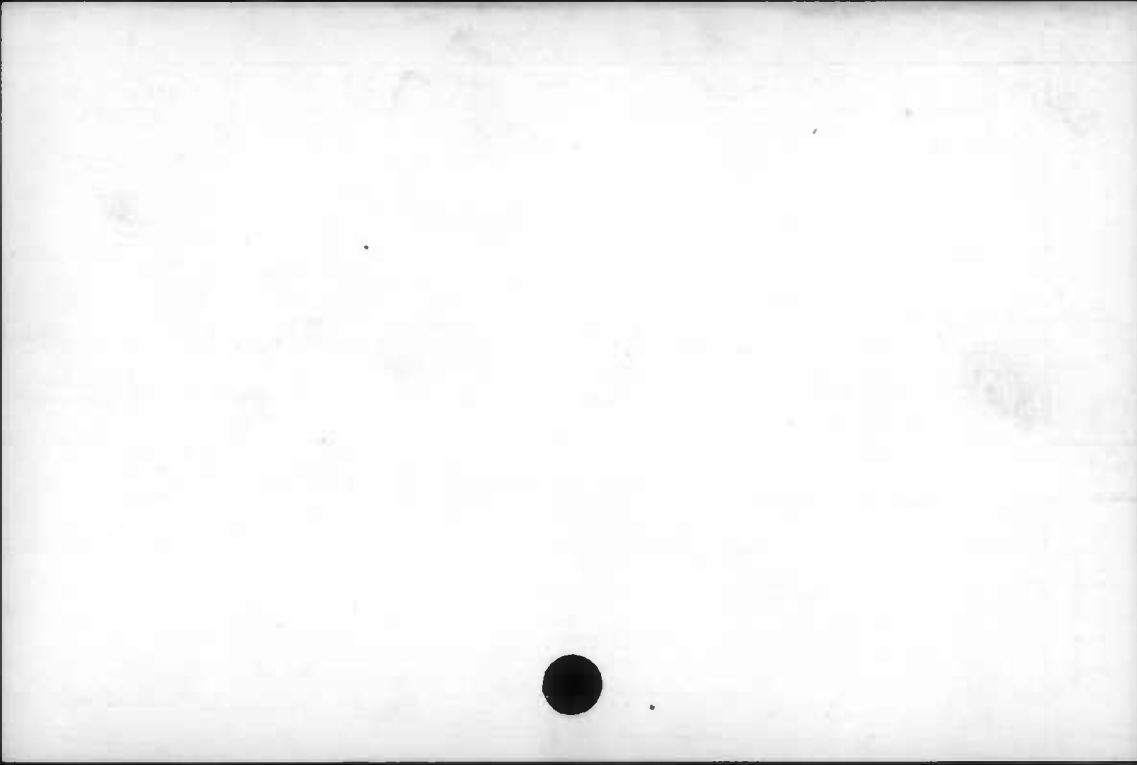
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1980</i>		Month <i>March</i>	Day <i>20th</i>	Years <i>74</i>	Months <i>6</i>
Age <i>74</i>		Days <i>2</i>			
Sex <i>male</i>	Color or Race <i>negro</i>	Birth-place <i>Colunsonville</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Rachel Hays</i>				
Father's Name <i>Moses Hays</i>	Father's Birthplace <i>Colunsonville</i>				
Mother's Maiden Name <i>Rachel Hays</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Charles Smith</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

Primary	<i>General Breakdown</i>	How long <i>154</i>	<i>6 months</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>M. Whitehead, M.D.</i>	
		Address <i>Colunsonville</i>	
Accident or Suicide		<i>yes</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Carl R. Hock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brunswick Truett MARYLAND

Town County

Date of death 1910 Mar 13 Age 24 Months 10 Days 20

Sex male Color or Race white Birth-place Ind.

Occupation Electrician Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name E. Leonard Hock Father's Birthplace Pa

Mother's Maiden Name Tracy Jaffric Mother's Birthplace Ind

Name of person giving Information Tracy Hock How related to deceased mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary In Contact with live wire How long Instant

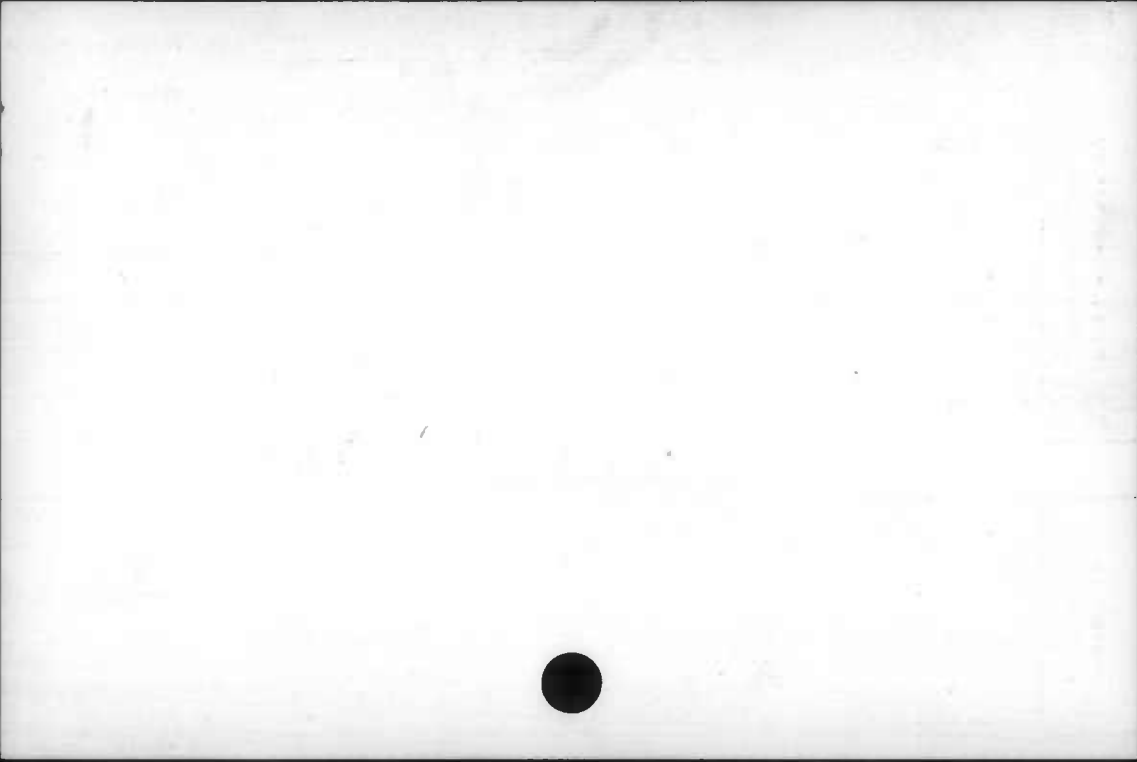
Immediate electric shock How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Levin Hrist

Address Brunswick Truett Co

Accident or Suicide Suicide



Name
in
Full

Mary Jane Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ipswich</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>3</i>	Day <i>30th</i>	Years <i>82</i>	Months <i>-</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>George A. Hood</i>				
Father's Name <i>Jacob Baur</i>	Father's Birthplace <i>U. S.</i>				
Mother's Maiden Name <i>Martha Lijah</i>	Mother's Birthplace <i>U. S.</i>				
Name of person giving Information <i>Mrs Salie Crawford</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis - Dilated Heart + Emphysema</i>	How long <i>25 years</i>
Immediate	<i>Pneumonia & failing heart.</i>	How long <i>10 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>George H. Riggs M.D.</i>
		Address <i>Ipswich Md.</i>
Accident or Suicide		



Name
in
Full

Elmer Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Monteale Hospital Frederick</u>		County		MARYLAND	
Date of death <u>1900</u>	Month <u>3</u>	Day <u>30</u>	Years <u>20</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Prince George's Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Frederick Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Oscar Jackson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Ellen Stanley</u>	Mother's Birthplace <u>"</u>				
Name of person giving Information <u>Mrs. Ellen Jackson</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary <u>Intestinal Obstruction</u>	How long <u>(12)</u>
Immediate <u>Apur Exhaustion</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. P. Fahmy Md</u>
	Address <u>Frederick Md</u>
Accident or Suicide <u>—</u>	

PHYSICIAN
OR CORONER

H

Interment Apr 1 1910.

- " at Greenmount Cem.
Thomas P. Rice R.D.

Dr H. P. Fahney

Dr Goodell

Dr McQuady,

Name
in
Full

Elinor Roane Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blue Ridge</i>			County <i>Friedrich</i>			MARYLAND		
Date of death <i>1940</i>	Month <i>March</i>	Day <i>14</i>	Age <i>20</i>	Years	Months <i>8</i>	Days <i>28</i>		
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>				
Occupation <i>House Wife</i>			Where Residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David W Jenkins</i>						
Father's Name <i>Edw. J. Roane Jr.</i>			Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Lara Miller</i>			Mother's Birthplace <i>Carroll County</i>					
Name of person giving Information <i>David W Jenkins</i>			How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

✓

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. B. Davis</i>	
		Address <i>Blue Ridge Summit Pa.</i>	
Accident or Suicide			

Henry A. Jenkins ^{and} Sons Co.
Undertakers. Baltimore

Place of Burial Baltimore Md.

Name
in
Full

Charles A. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Met. Pleasant* ^{County} *Fredericks* **MARYLAND**

Date of death 19*90* ^{Month} *3* ^{Day} *12* ^{Years} *73* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Black* Birth-place *Ta.*

Occupation *Laborer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Annie Ayres*

Father's Name *Unknown* Father's Birthplace *—*

Mother's Maiden Name *"* Mother's Birthplace *—*

Name of person giving Information *William Johnson* How related to deceased *Son*

CAUSES OF DEATH

154 ✓

PHYSICIAN
OR CORONER

Primary *General Debility* How long *Months*

Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. E. Stone M.D.* Address *Met Pleasant for Thor. Rice by permission*

Accident or Suicide *—*

Interment Mar 14 - 10

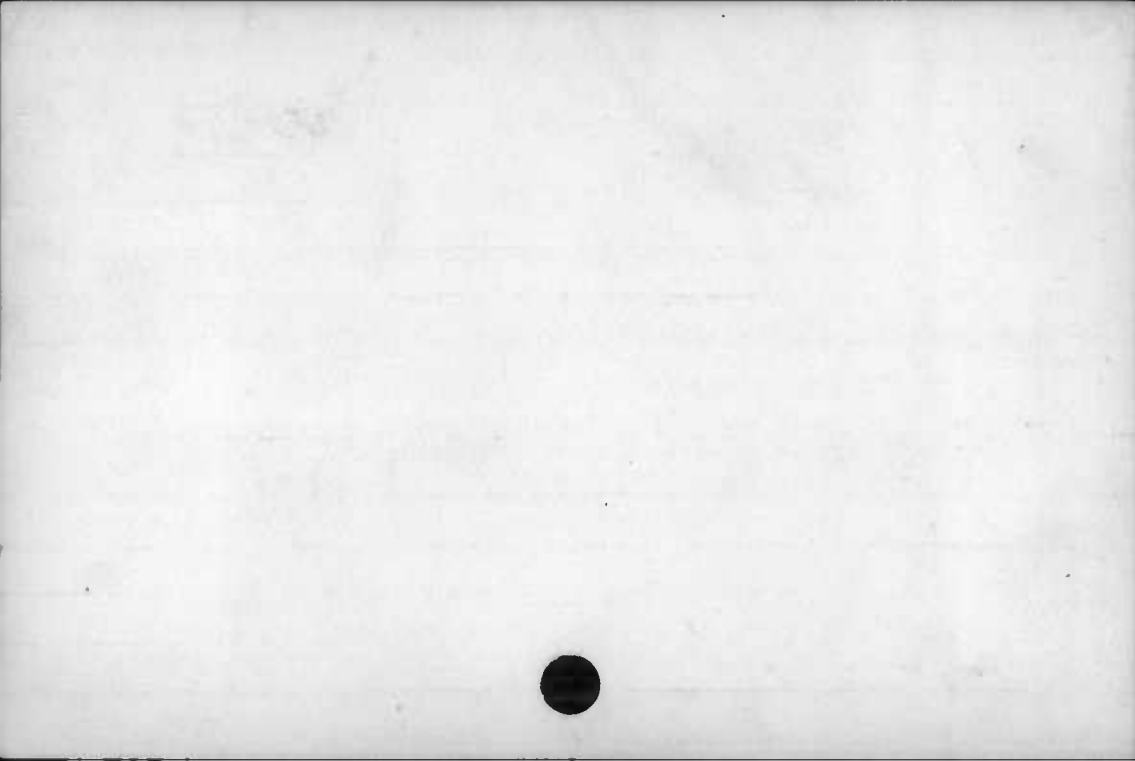
" at Silver Hill (Fredk Co) Cemetery

Thomas T. Rice F.O.

W. & E. Stone

W. Goodell.

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Burkittsville</i>		County <i>Frederick</i>		State <i>MARYLAND</i>
	Date of death <i>1900</i>	Month <i>3</i>	Day <i>22</i>	Age <i>0</i>	Months <i>11</i> Days <i>18</i>
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Burkittsville</i>	
	Occupation <i>0</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>0</i>			
	Father's Name <i>Wylliss Johnson</i>	Father's Birthplace <i>Frederick Co.</i>			
	Mother's Maiden Name <i>Albina Jones</i>	Mother's Birthplace <i>"</i>			
	Name of person giving information <i>Frederick Johnson</i>		How related to deceased <i>Mother</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>94</i> <i>1 wk</i>		
	Immediate <i>Exhaustion</i>		How long <i>Immediate</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. W. H. S.</i>		
			Address <i>Burkittsville</i> <i>Frederick</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

Joshua V Kemp
Town

County

MARYLAND

Died at *New Frederick*

Date of death *1960*

Month

3

Day

6

Age

Years

82

Months

Days

Sex

Male

Color or Race

White

Birth-place

MD

Occupation

Retired

Where Residing if not at place of death

X

Married, Single or Widowed

Married

Name of Wife or Husband

Emily Develbiss

Father's Name

Unk

Father's Birthplace

Unk

Mother's Maiden Name

Unk.

Mother's Birthplace

Unk

Name of person giving Information

Sept Montevideo Hospital

How related to deceased

CAUSES OF DEATH

Primary

General Debility

How long

Several Years

Immediate

Aspiration

How long

Do

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Henry P. Fabrey MD
Frederick MD*

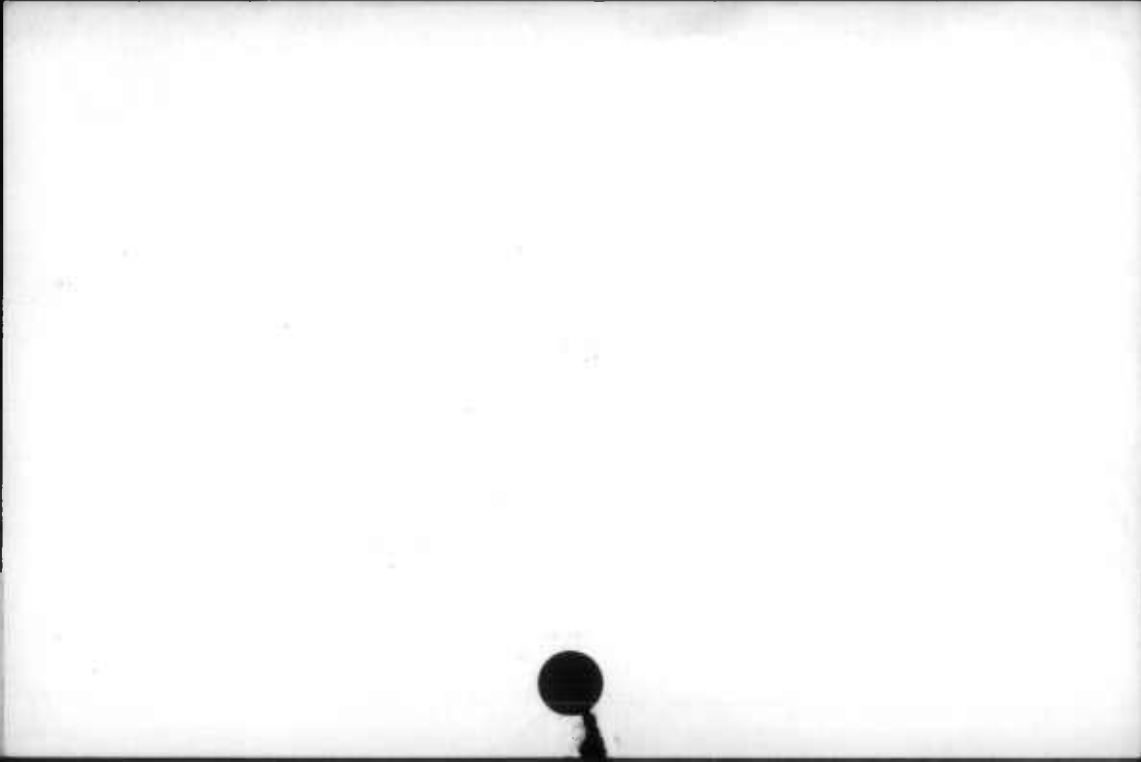
Accident or Suicide

7

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

154



Name
in
Full

Harry Kessler

CERTIFICATE OF DEATH

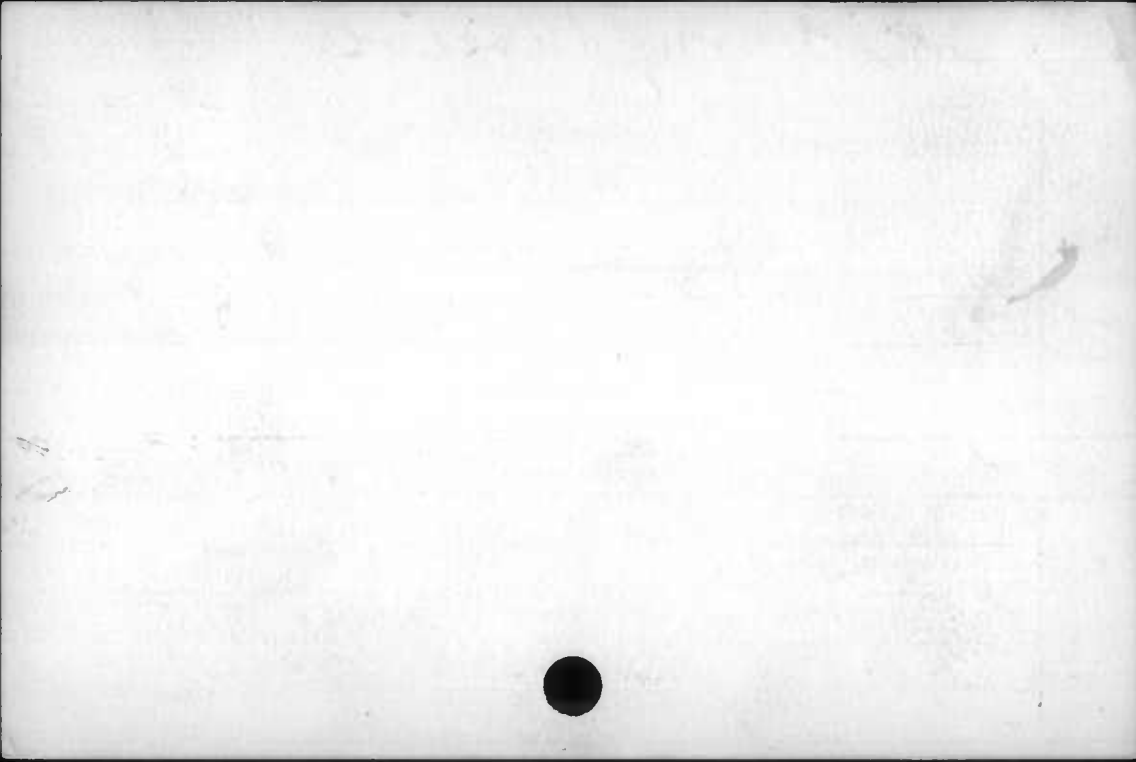
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1910</i>	Month <i>Mar</i>	Day <i>1st</i>	Age	Months <i>13</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband				
Father's Name <i>Morris Kessler</i>	Father's Birthplace <i>Russia</i>				
Mother's Maiden Name <i>Ida Weinstein</i>	Mother's Birthplace <i>Russia</i>				
Name of person giving information <i>Morris Kessler</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>60 yrs</i>
Immediate <i>Pneumonia</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. H. Kessler</i>
	Address <i>Frederick</i>
Accident or Suicide?	



Name
in
Full

Thomas W Koopler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middletown</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>March</i>	Day <i>11</i>	Age <i>72</i>	Months <i>5</i>	Days <i>25</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Cadet</i>	
Occupation <i>Wagonmaker</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Adam Koopler</i>			Father's Birthplace <i>Fredrick Co Md</i>		
Mother's Maiden Name <i>Catherine Muller</i>			Mother's Birthplace <i>Fredrick Co Md</i>		
Name of person giving information <i>Mr E L Rhoades Sr</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

65

V

PHYSICIAN
OR CORONER

Primary <i>Softening of Brain</i>	How long <i>about 2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E L Beckley</i>
	Address <i>Middletown Md</i>
Accident or Suicide? <i>Indg</i>	



Name
in
Full

CERTIFICATE OF DEATH

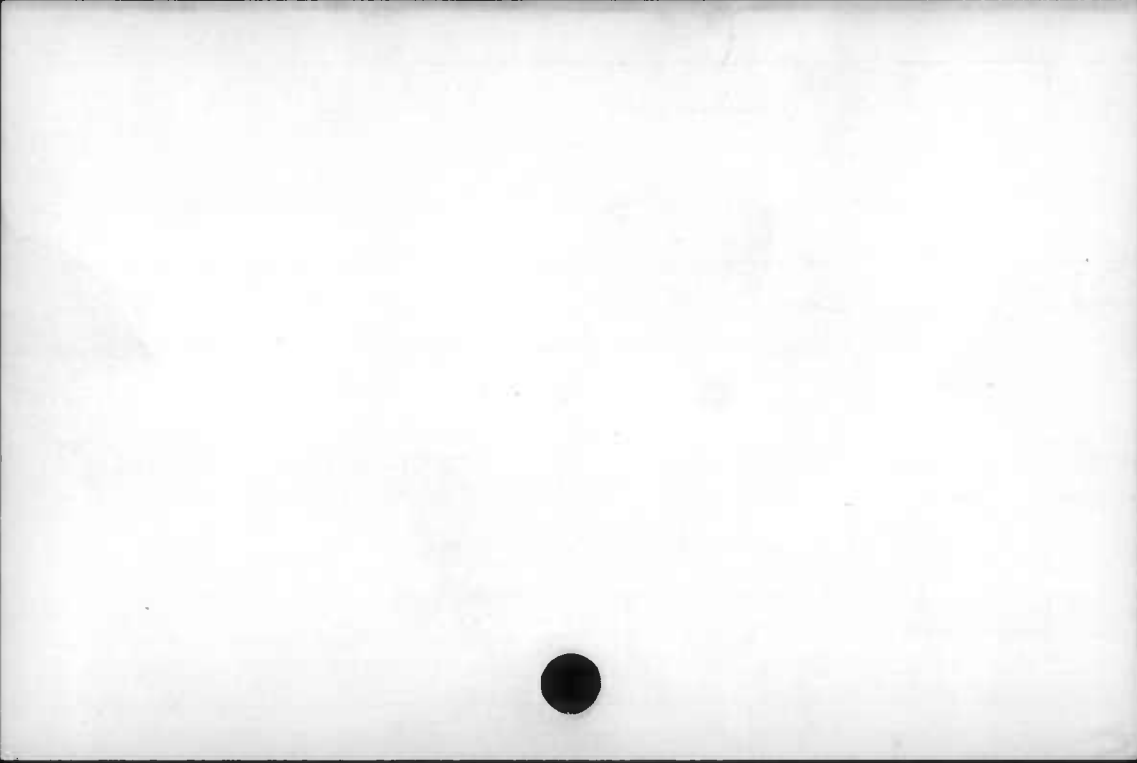
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town		County		MARYLAND	
Date of death	1900	Month	10	Day	3	Age	68
Sex	Male		Color or Race	White		Birth-place	Germany
Occupation	Painter		Where Residing if not at place of death		Y		
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth Margaret Ross			
Father's Name	Justus Lampe		Father's Birthplace	Germany			
Mother's Maiden Name	Christian Plum		Mother's Birthplace	"			
Name of person giving Information	Henry Lampe		How related to deceased	Son.			

CAUSES OF DEATH

Primary	<i>Cirrhosis of Liver</i>	How long	<i>2 yrs</i>
Immediate	<i>Acute</i>	How long	<i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Maynard</i>		
	Address <i>17 Second St. N. Frederick Md.</i>		
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

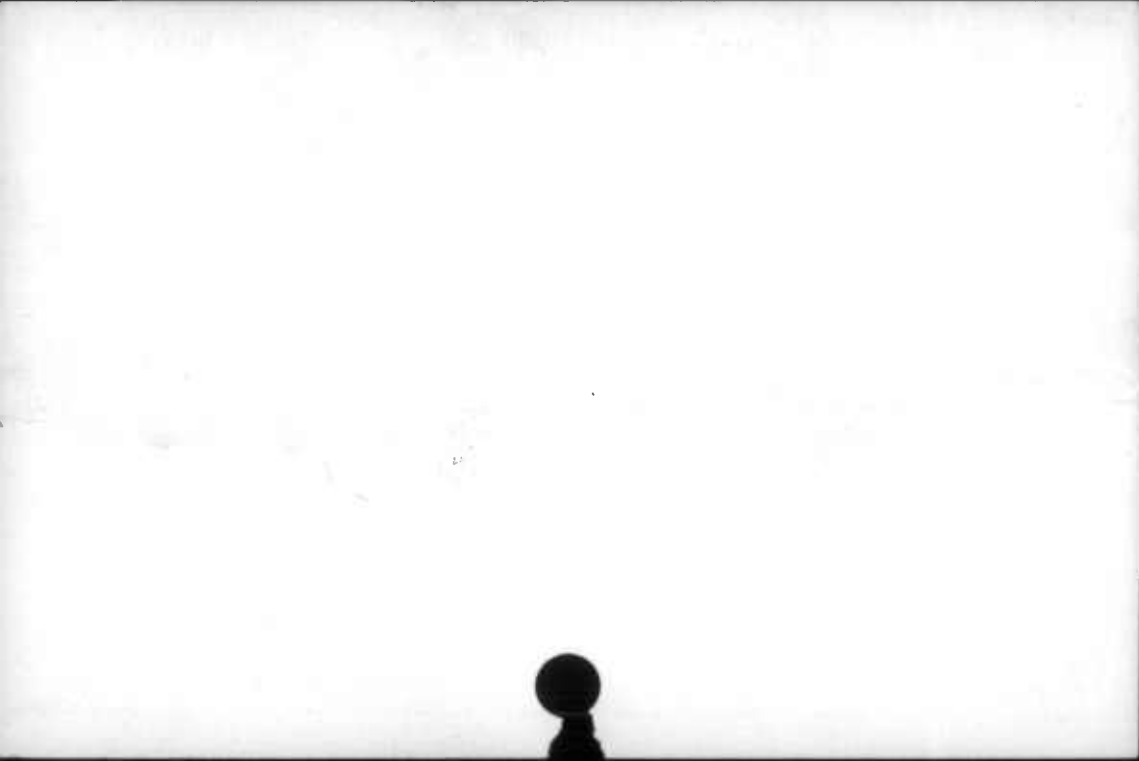
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Mar		Hountain Mills		Frederick			
Date of death		Month		Day		Years	
1900		Mar		22		Age 34	
Sex		Color or Race		Birth-place			
Female		White		Mel			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Charles Linthicum					
Father's Name		Fether's Birthplace					
Mial Burgee		Mel					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Lawson		Mel					
Name of person giving Information		How related to deceased					
Charles Linthicum		Husband					

CAUSES OF DEATH

Primary	Acute Brights Disease	How long	3 weeks
Immediate	Pulmonary Oedema	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. H. Hopkins M. D	
Filed 1910		Address	
Accident or Suicide		New Market	
no		Trink. Co., Md	

PHYSICIAN
OR CORONER



Name
in
Full

Harry Leslie McLain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sabillasville		^{County} Frederick		MARYLAND	
Date of death 1980 ^{Month} Mar. ^{Day} 24		Age ^{Years} 1		^{Months} 11 ^{Days} 24	
Sex Male		Color or Race White		Birth-place Sabillasville	
Occupation None		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name John R. McLain		Father's Birthplace Sabillasville Md.			
Mother's Maiden Name Annie Belle Moser		Mother's Birthplace " Md.			
Name of person giving information Grandfather		How related to deceased Grandfather			

CAUSES OF DEATH

Primary	Broncho-pneumonia	How long	21
Immediate	Meningitis	How long	7

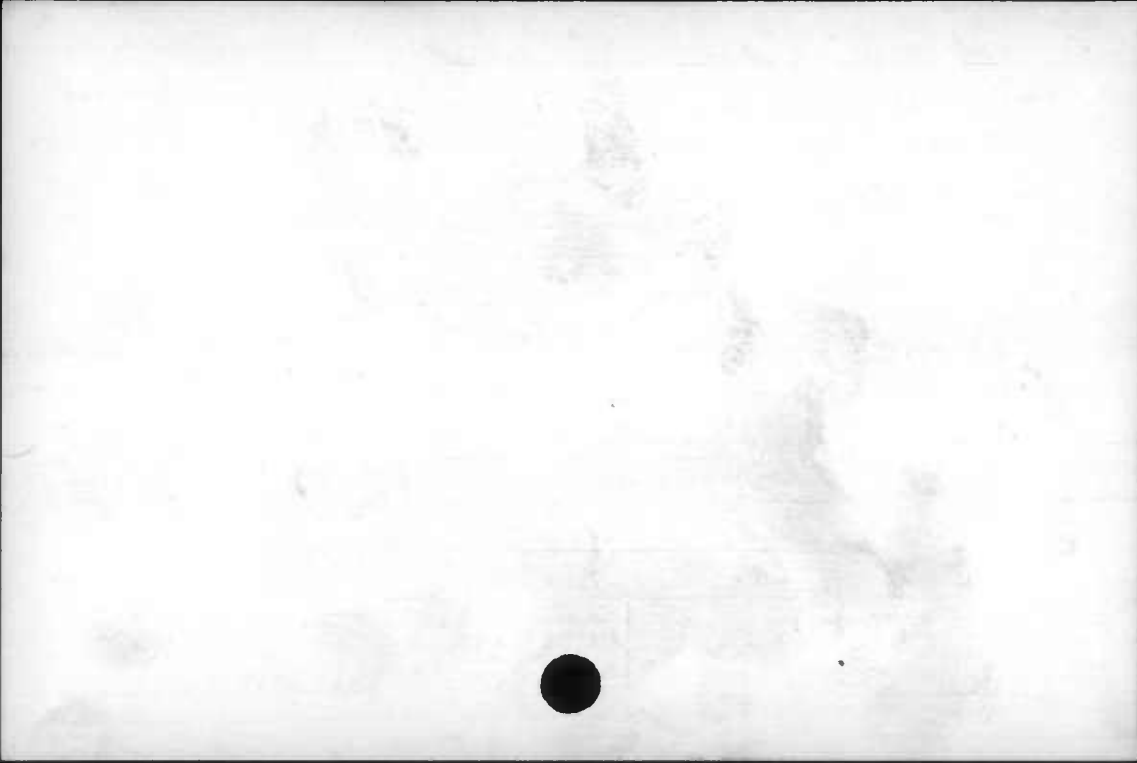
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

C. L. Wachter,
Sabillasville,
Maryland

Address

Accident or Suicide



Name
in
Full

Robert Lloyd Mabel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} *Line / Libur* ^{County} *Fried* **MARYLAND**

Date of death 19*70* ^{Month} *Mar* ^{Day} *2-3* Age *8* ^{Months} *4* ^{Days} *6*

Sex *Male* Color or Race *Negro* Birth-place *Mid*

Occupation *—* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Frank Mabel* Father's Birthplace *Mid*

Mother's Maiden Name *Bessie Brown De cened* Mother's Birthplace *Mid*

Name of person giving Information *Frank Mabel* How related to deceased *Trallin*

CAUSES OF DEATH

169 V

PHYSICIAN
OR CORONER

Primary *Drowning - fell into a* *Instant -*

Immediate *30 ft. well - about 6 ft water - body recovered in 1/2 hr*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Clyde Roulain*

Address *Buckleys Cove*

Accident or Suicide *Accident*



Name
in
Full

William M. Matheny
Town Frederick County

CERTIFICATE OF DEATH

MARYLAND

Died at Frederick

Frederick

Date
of death 1960

Month 3

Day 10

Age 0

Years 2

Months 10

Days

Sex Male
Occupation

Color or
Race White

Birth-
place Frederick

Where Residing if not
at place of death Same

Married, Single
or Widowed Single

Name of Wife or
Husband

Father's
Name

Mr. Clayton Matheny

Father's
Birthplace

Frederick Co Md

Mother's
Maiden Name

Catherine Johnson

Mother's
Birthplace

" " "

Name of person giving
Information

Mr C. Matheny

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

1 week

Immediate

Convulsions

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Labner

Address

72 E Church St
Frederick

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Mar 11 - 10
" at Oaubs Cemetery

Thomas P. Rice F.D.

do Burck
do McCurdy.

Name
in
Full

Carlton Mills

CERTIFICATE OF DEATH

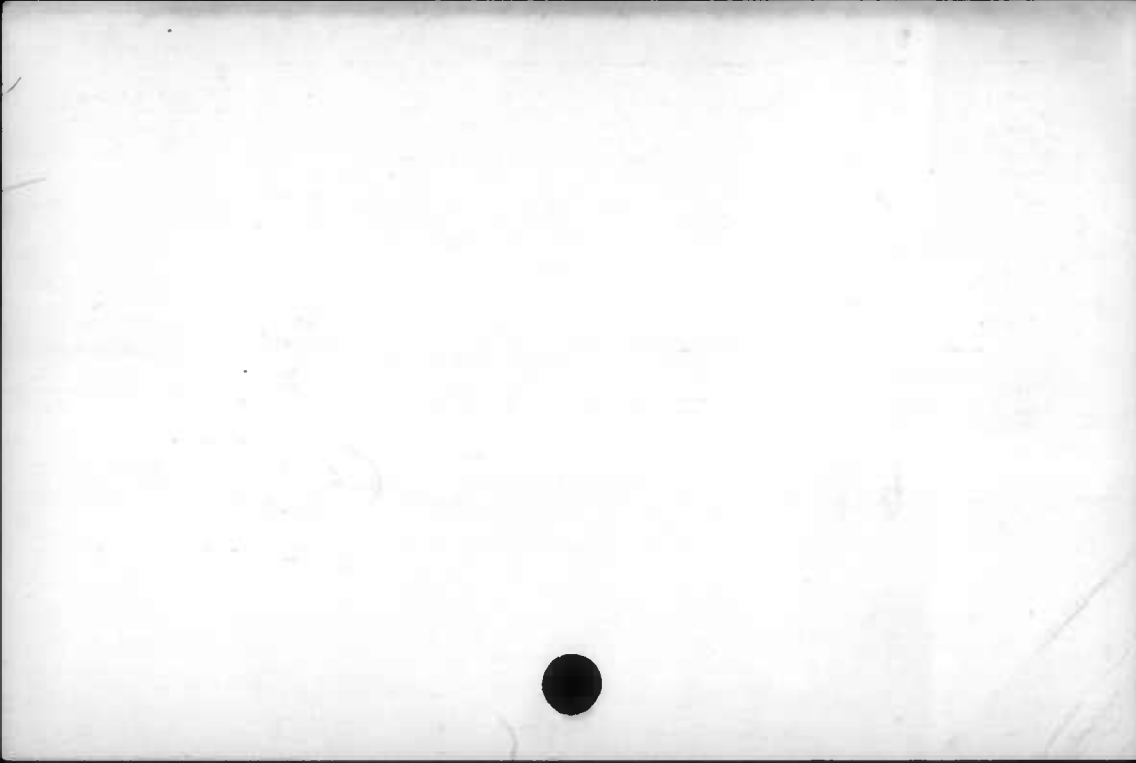
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1980</i>	Month <i>Mar</i>	Day <i>17</i>	Age <i>28</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation <i>Life Insurance Agt</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ethel Phoebe</i>			
Father's Name <i>Joe Mills</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Snyder</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Al Carlisle</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

Primary <i>Pneumothorax</i>	How long <i>2 weeks</i>
Immediate <i>Pyemia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm M. Smith</i>
	Address <i>Frederick, Md</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Carl E. Moxley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Place No. 4		Frederick					
Date of death	1900	Month	3	Day	2	Age	20
						Months	3
						Days	1
Sex	male	Color or Race	white	Birth-place	Frederick Co. Md		
Occupation	none	Where Residing if not at place of death	—				
Married, Single or Widowed	single	Name of Wife or Husband	—				
Father's Name	Charles William Moxley			Father's Birthplace	Montgomery Co. Md		
Mother's Maiden Name	Luella Anderson			Mother's Birthplace	Pennsylvania		
Name of person giving Information	Chas. Wm Moxley			How related to deceased	Father		

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	27
		How long	2 years

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. H. Hopkins M.D.

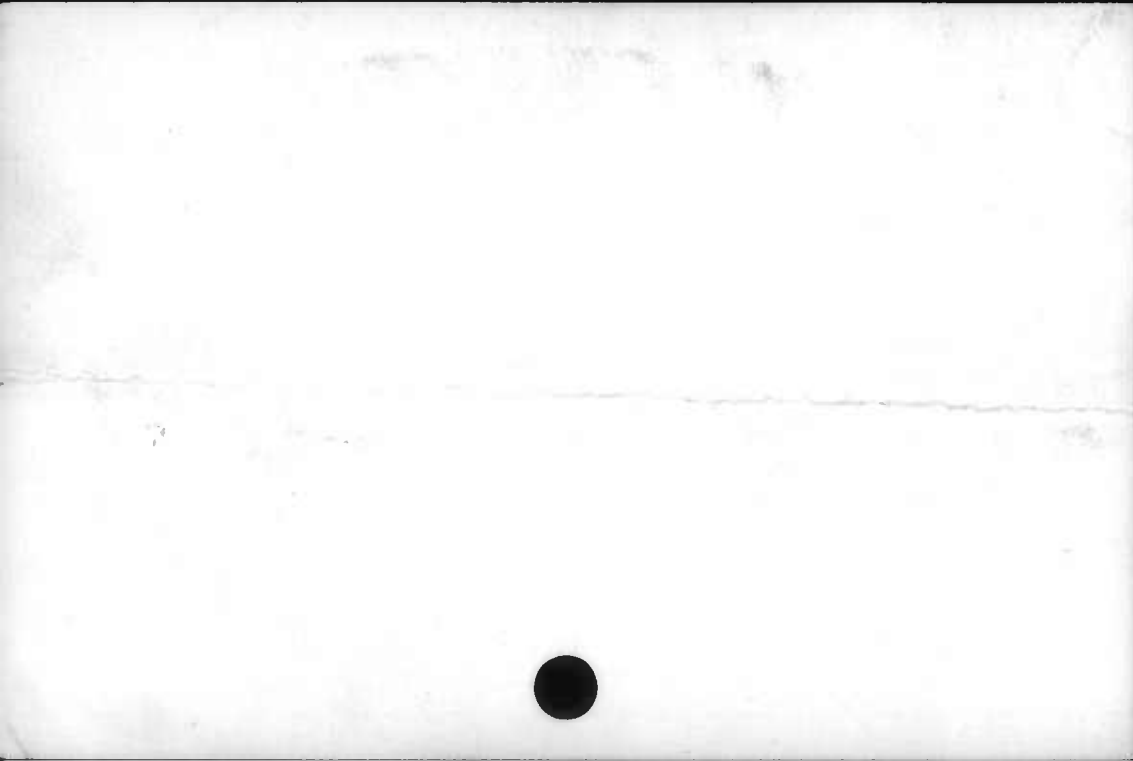
Address

New Market
Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Thomas E. Maxley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

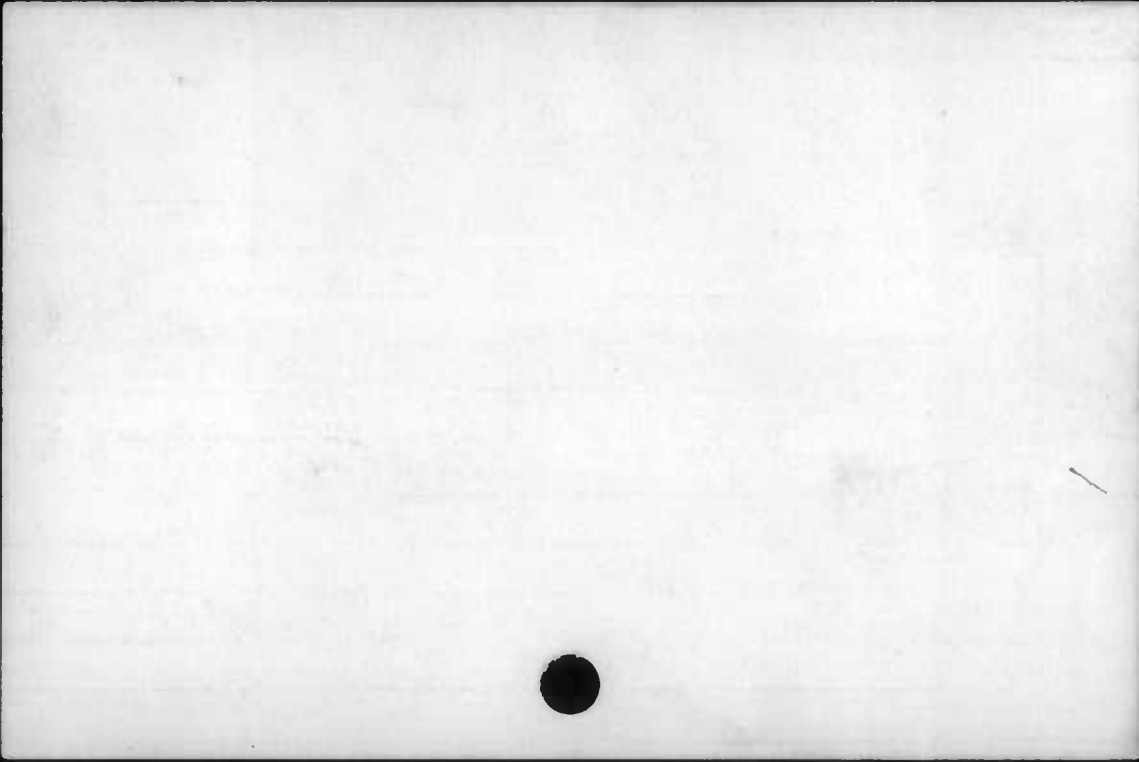
Died at <i>Dean Dickerson</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1940</i>	Month <i>mch</i>	Day <i>5</i>	Age <i>64</i>	Years	Months	Days <i>28</i>	
Sex <i>man</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>farmer.</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>married</i>		Name of Wife Husband <i>Annie Riley Maxley</i>					
Father's Name <i>Mahlon T. Maxley</i>		Father's Birthplace <i>Damascus</i>					
Mother's Maiden Name <i>Priscilla Maxley</i>		Mother's Birthplace <i>Damascus</i>					
Name of person giving information <i>Verett Maxley</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

93 ✓

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>11 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. B. Stume</i>	
		Address <i>Adamstown Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Ephraim</i>		Town <i>Nelson</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1900</i>		Month <i>March</i>		Day <i>14</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>near McEphraim Md.</i>		Years <i>—</i>		Days <i>21</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>	
Father's Name <i>Ernest Nelson</i>		Mother's Maiden Name <i>Emma Kregan</i>		Name of person giving information <i>Walter Nelson</i>		How related to deceased <i>Uncle</i>	

CAUSES OF DEATH

151 ✓

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Immature birth</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thomas Grinnell, Dist. Registrar</i>	
		Address <i>Araby, R.F.D. 1, Md.</i>	
Accident or Suicide?			



Name
in
Full

Francis Newton

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Neontown

Frederick

Date
of death 1910

Month

3

Day

13

Age

Years

70

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of death

Prince George Co Md

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

"

Mother's
Birthplace

Unknown

Name of person giving
Information

W. S. Vanfossen Clerk.

How related
to deceased

Not at all

CAUSES OF DEATH

Primary

Dementia

How long

Don't know

Immediate

Inanition

How long

more than 2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. H. Charles M.D. for
H. P. Farber M.D.
Frederick, Md.

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Internment Near 16-10.

" at: Saratoville Ned

Thomas R Rice F.O.

as Fahrney

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND					
Date of death		Month <i>1940 March</i>		Day <i>1</i>		Years <i>1</i>		Months <i>6</i>		Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sickerson, Md.</i>							
Occupation <i>None</i>				Where Residing if not at place of death <i>City Hospital</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>C. R. Nichols</i>		Father's Birthplace <i>Unknown</i>									
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>									
Name of person giving Information <i>Frederick City Hospital</i>		How related to deceased <i>92</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia,</i>		How long <i>4 days,</i>	
Immediate <i>Toxaemia</i>		How long <i>2 days,</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. B. Johnson.</i>	
		Address <i>Frederick Md.</i>	
Accident or Suicide			

M. L. Edison

Name
in
Full

Henrietta Musbaum

CERTIFICATE OF DEATH

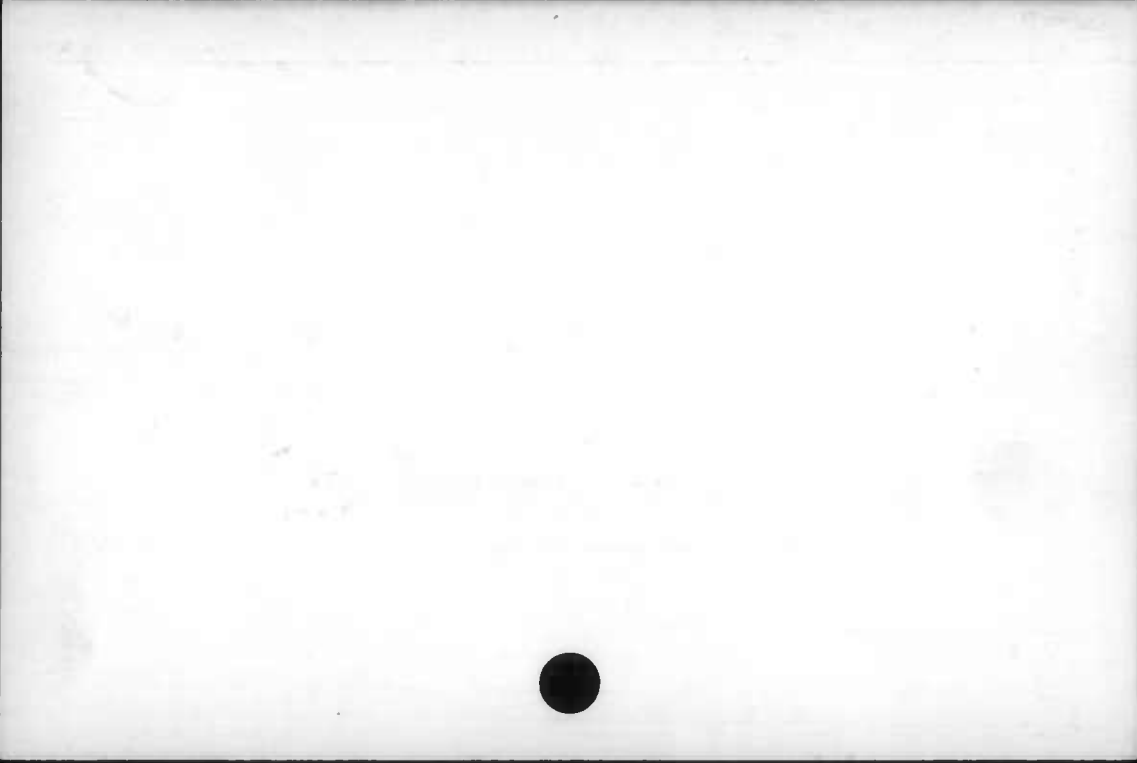
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Liberty Town		Frederick		MARYLAND	
Date of death		1900	Month	May	Day	1st	Age
					Years	62	
					Months	4	Days
						6	
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Frederick Co	
Married, Single or Widowed		Married		Name of Wife or Husband		A. Washington Musbaum	
Father's Name		William Moleworth		Father's Birthplace		Frederick Co	
Mother's Maiden Name		Ruth Condon		Mother's Birthplace		Frederick Co	
Name of person giving Information		A. N. Musbaum		How related to deceased		Husband	

CAUSES OF DEATH

Primary	Diabetes Mellitus	How long	50 ✓ About 15 yrs.
Immediate	Heart Failure	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Otis B. Stone	
Address		Liberty Town Frederick Co.	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Josiah Ogle*
Town *Net Pleasant* County *Frederick*
Died at *Net Pleasant* Maryland
Date of death *1960* Month *3* Day *1* Age *89* Months *—* Days *—*
Sex *Male* Color or Race *Black* Birth-place *Maryland*
Occupation *Farm Laborer* Where Residing if not at place of death *Same*
Married, Single or Widowed *Widowed* Name of Wife or Husband *Mary Tucker*
Father's Name *Henkerson* Father's Birthplace *—*
Mother's Maiden Name *" "* Mother's Birthplace *—*
Name of person giving Information *Hammond Ogle* How related to deceased *Son*

CAUSES OF DEATH

Primary *Senile debility* How long *15* Months
Immediate *Weak Heart* How long *?*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*W. C. Stone M.D.**Net Pleasant*

Accident or Suicide

*—**for D. R. Price by permission*PHYSICIAN
OR CORNER

Internment Mar 2 1910
" at Silver Hill Lem. (Fredk Co.)

Thomas P Rice F, & O

Dr Stone

Dr Goodell

Name
in
Full

Richard Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mar Blumston</u> <small>Town</small>			<u>Frederick</u> <small>County</small>			MARYLAND	
Date of death	19 <u>00</u>	Month <u>March</u>	Day <u>4</u>	Age <u>63</u>	Years	Months <u>2</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Ind.</u>			
Occupation <u>farmer</u>	Where Residing if not at place of death <u>Near Blumston</u>						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mary Peter</u>						
Father's Name <u>John Peter</u>	Father's Birthplace <u>Ind.</u>						
Mother's Maiden Name <u>Sandy Thompson</u>	Mother's Birthplace <u>Ind.</u>						
Name of person giving information <u>J. W. Peters</u>	How related to deceased <u>Cousin</u>						

CAUSES OF DEATH

40 ✓

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of Stomach</u>	How long <u>Two years</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Benz Perry</u>
	Address <u>Araby, Ind.</u>
Accident or Suicide?	

10-10-10

11



Name
in
Full

CERTIFICATE OF DEATH

George Wm. Plunkert
Town Frederick County

MARYLAND

Died at Frederick
Date of death 1900
Month 3 Day 6 Age 75
Months 5 Days 17

Sex Male Color or Race White Birth-place Pa.

Occupation Farmer Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Louisa Foller

Father's Name James Plunkert Father's Birthplace Pa.

Mother's Maiden Name Julia Ann Wicks Mother's Birthplace Pa.

Name of person giving Information Mrs. Plunkert How related to deceased Wife

CAUSES OF DEATH

Primary Arterio Sclerosis How long 78 years

Immediate Acute Myocarditis How long 10 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm M. Smith
Frederick, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Mar 8 10

" at St John's Cemetery

Thomas P. Rice. F. D.

Dr. Wm. M. Smith

Dr. M. Chesdy

Name
in
Full

George Pool

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ellerton Town Frederick County **MARYLAND**

Date of death 1990 Month 3 Day 26 Age 74 Years Month 9 Days 26

Sex Male Color or Race White Birth-place Ellerton

Occupation Farmer Where Residing if not at place of death Myersville

Married, Single or Widowed Widowed Name of Wife or Husband Catharine

Father's Name William Pool Father's Birthplace Ellerton

Mother's Maiden Name Mary Poole Mother's Birthplace "

Name of person giving Information John Kintner How related to deceased Nephew

CAUSES OF DEATH

Primary Organic Heart Disease

Immediate Asthma

79

How long Several years.

How long Several weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

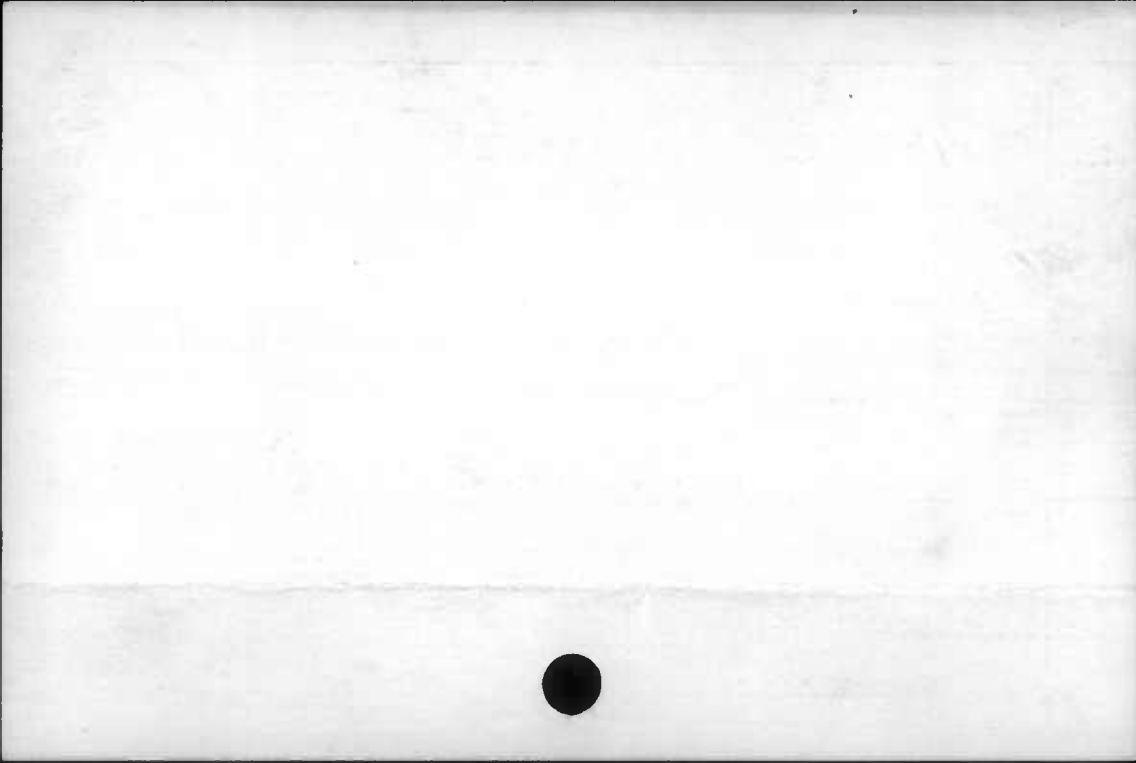
Signature of
Physician

Address

Ralph Branning
Myersville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Anna Marie Poole
Town *Bradunich* County *Bradunich*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death

1960 March 19 in *Age 82*

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House work

Where Residing if not
at place of death

at Bradunich

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John Poole

Father's
Name

George Mills

Father's
Birthplace

Don't know

Mother's
Meiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

Mrs. Conrad

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

*Pneumonia
Asthma*

How long

2 weeks

Immediate

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

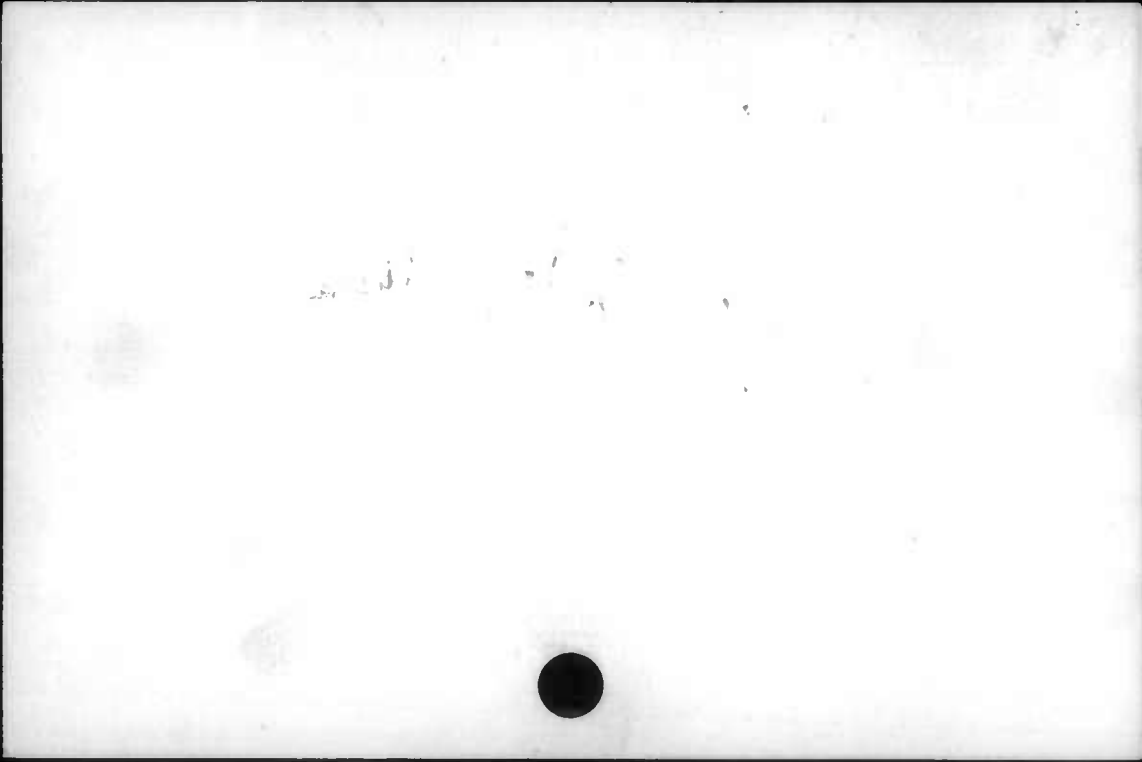
Address

*S. C. Haffner, M.D.
Bradunich,
Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Lucinda R. Reich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

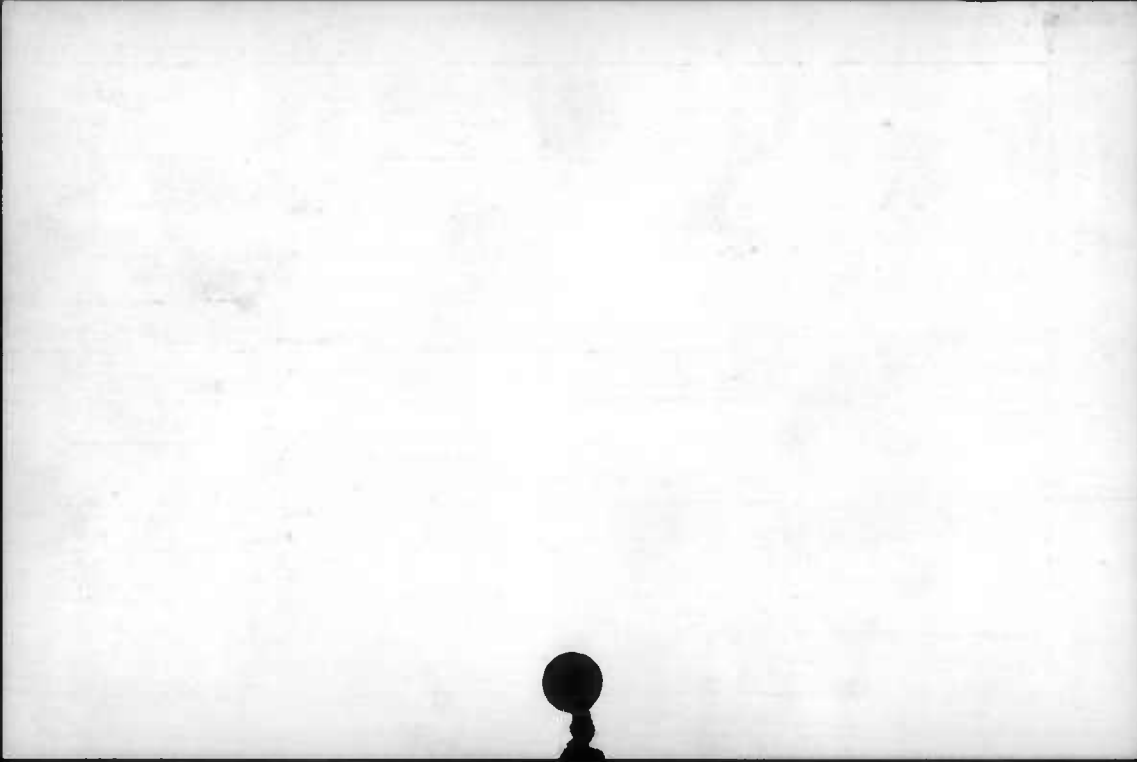
Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	19 <i>40</i>	Month <i>Mch</i>	Day <i>20</i>	Age <i>81</i>	Months <i>5</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co., Md.</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Wm Reich</i>				
Father's Name <i>William Brown</i>	Father's Birthplace <i>Carroll Co., Md.</i>		Mother's Birthplace <i>Montgomery Co., Md.</i>		
Mother's Maiden Name <i>Anne Walter Perry</i>	How related to deceased <i>Son</i>				
Name of person giving Information <i>Berj. F. Reich</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Cause <i>Chronic Interstitial Nephritis</i>	How long <i>Some years</i>
Immediate Cause <i>General Asthenia</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Neudix M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

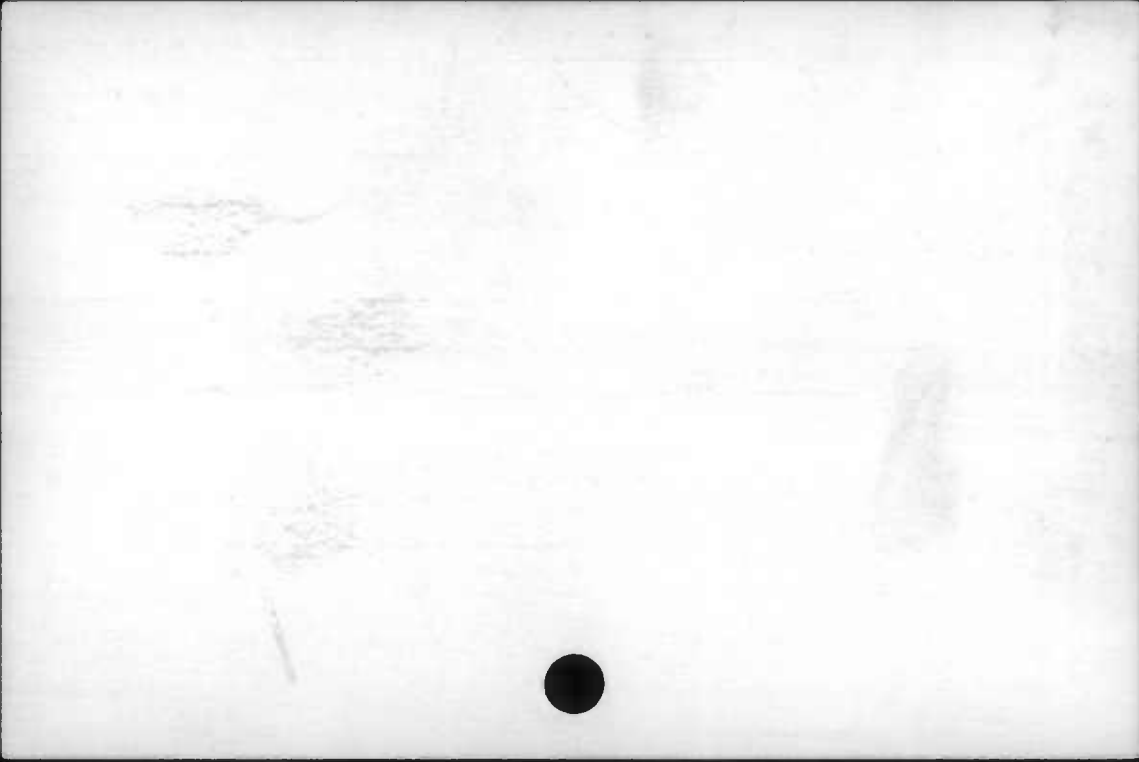
TO BE ANSWERED BY
NEAREST FRIEND

Catherine Resch
Town *Rocky Ridge* County *Frederick*
Died at
Date of death *1990* Month *March* Day *1* Age *77* Years Months *8* Days *27*
Sex *Female* Color or Race *White* Birth-place
Occupation *retired* Where Residing if not at place of death *at place of death.*
Married, Single or Widowed *widow* Name of Wife or Husband *John Michael Resch*
Father's Name *Peter Resch* Father's Birthplace *Maryland*
Mother's Maiden Name *Donna* Mother's Birthplace *IL*
Name of person giving Information *Gen. Smith* How related to deceased *Son-in-law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *1 week*
Immediate *Heart failure* How long *18 hrs*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *C. H. Diller*
Address *Detroit, Michigan*
Accident or Suicide */*



Name
in
Full

Bridget Riordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Liberty* ^{County} *Frederick* **MARYLAND**

Date of death 19*80* ^{Month} *Mar.* ^{Day} *3* ^{Years} *72* ^{Months} *1* ^{Days} *2*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *House-wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Cornelisa W. Riordan*

Father's Name *Dennis O'Connell* Father's Birthplace *Ireland*

Mother's Maiden Name *Nora O'Sullivan* Mother's Birthplace *Ireland*

Name of person giving Information *Ella Riordan* How related to deceased *Daughter*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

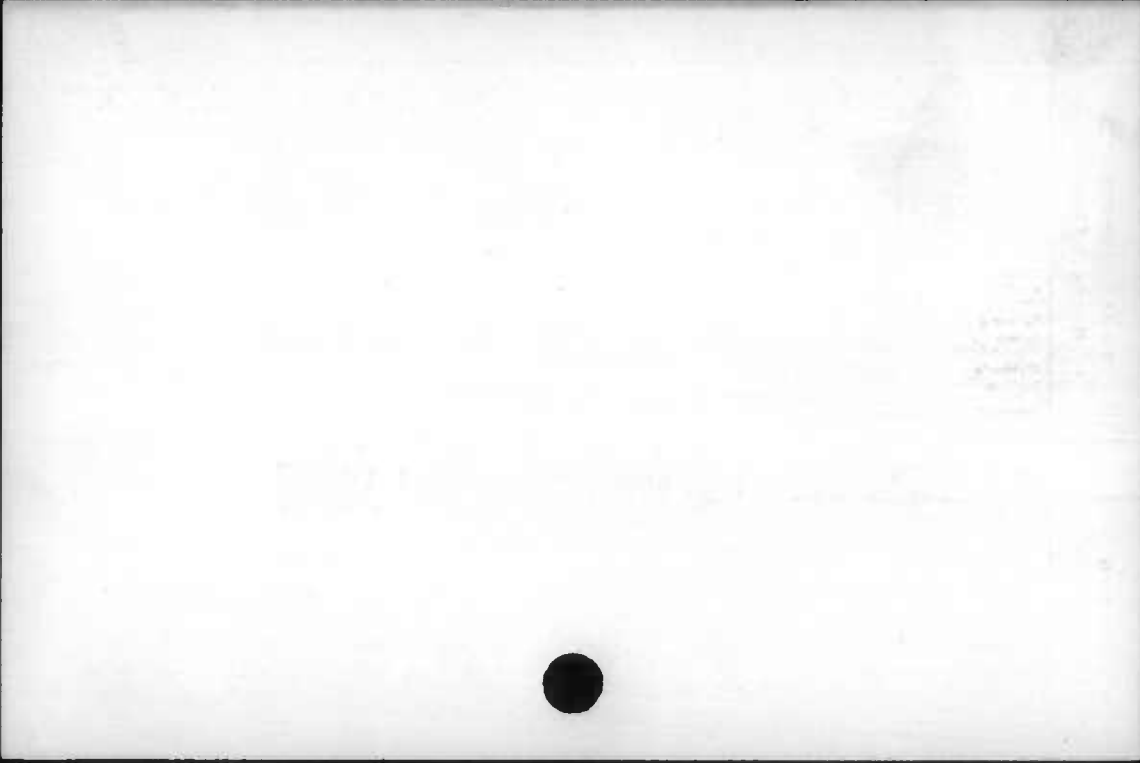
Primary *Chronic Interstitial Nephritis* How long *One year*

Immediate *Heart failure* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James C. Supplington*
Address *Liberty town Md.*

7 Accident or Suicide



Name
in
Full

Elizabeth Schroeder,

CERTIFICATE OF DEATH

Died at ^{Town} Emmitsburg ^{County} Frederick MARYLAND

Date of death 1900 March 2nd Age 81 Months 2 Days 2

Sex Female Color or Race White Birth-place Prussia

Occupation Sister Charity Religious Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Antonia Schroeder Father's Birthplace Prussia

Mother's Maiden Name Theresa Miller Mother's Birthplace Prussia

Name of person giving Information A. Bernardine Orendorf How related to deceased none

CAUSES OF DEATH

Primary Chronic Bronchitis How long 7 Months

Immediate Anasarca How long Four weeks

Are the name, age, sex, color, date and place correctly given above? yes

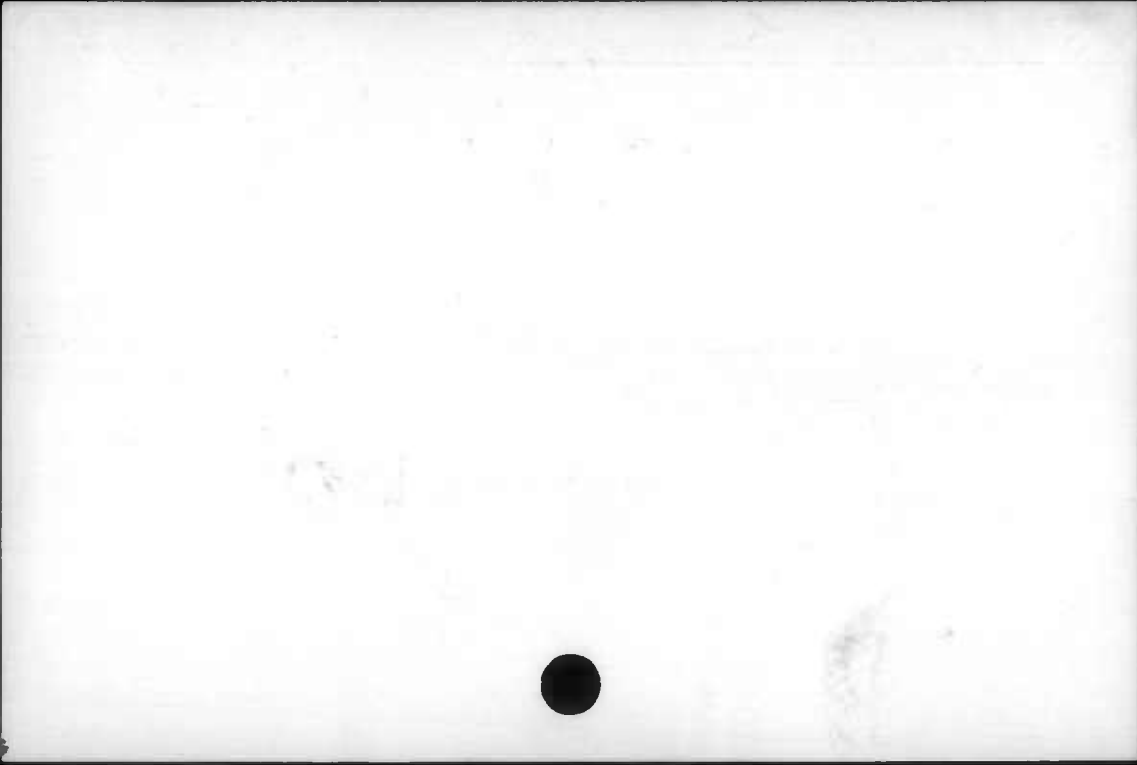
Signature of Physician

Address

John B. Brown M.D.
Emmitsburg Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

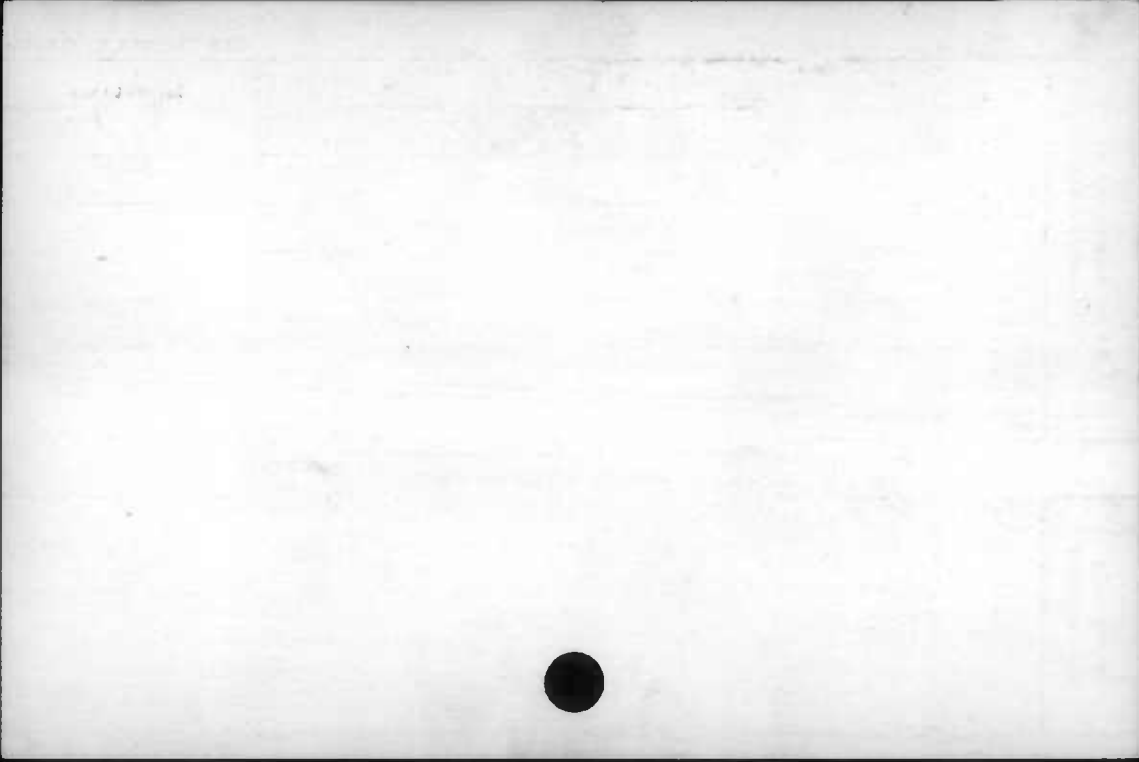
Name in Full Roy L. Schuff		Town Fredrick		County Fredrick		MARYLAND	
Died at Fredrick		Month 3		Day 26		Years 1	
Date of death 1900		Month 3		Day 26		Years 1	
Sex Male		Color or Race White		Birth-place Fredrick Md		Months 5	
Occupation —		Where Residing if not at place of death Fredrick Md		Days 12			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name William H. Schuff		Father's Birthplace Maryland					
Mother's Maiden Name Minnie Harvey		Mother's Birthplace " "					
Name of person giving Information Father of deced		How related to deceased " "					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary Pertussis	How long 2 weeks
Immediate Brucella p muni	How long 4 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician L. H. Hedger
	Address Fredrick
Accident or Suicide	



Name
in
Full

Sarah Ann Shaffer

CERTIFICATE OF DEATH

Died at

Middletown Frederick

MARYLAND

Date

of death

1900 Mar 22

Age

81

3

Months

24

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Daniel Shaffer

Father's
Name

John Horine

Father's
Birthplace

Md

Mother's
Maiden Name

Catharine Routhahn

Mother's
Birthplace

Md

Name of person giving
Information

Mrs Chas Shaffer

How related
to deceased

Daughter in law

CAUSES OF DEATH

Primary

Typhoid Fever

How long

21 days

Immediate

Collopy & exhaustion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. K. Laman

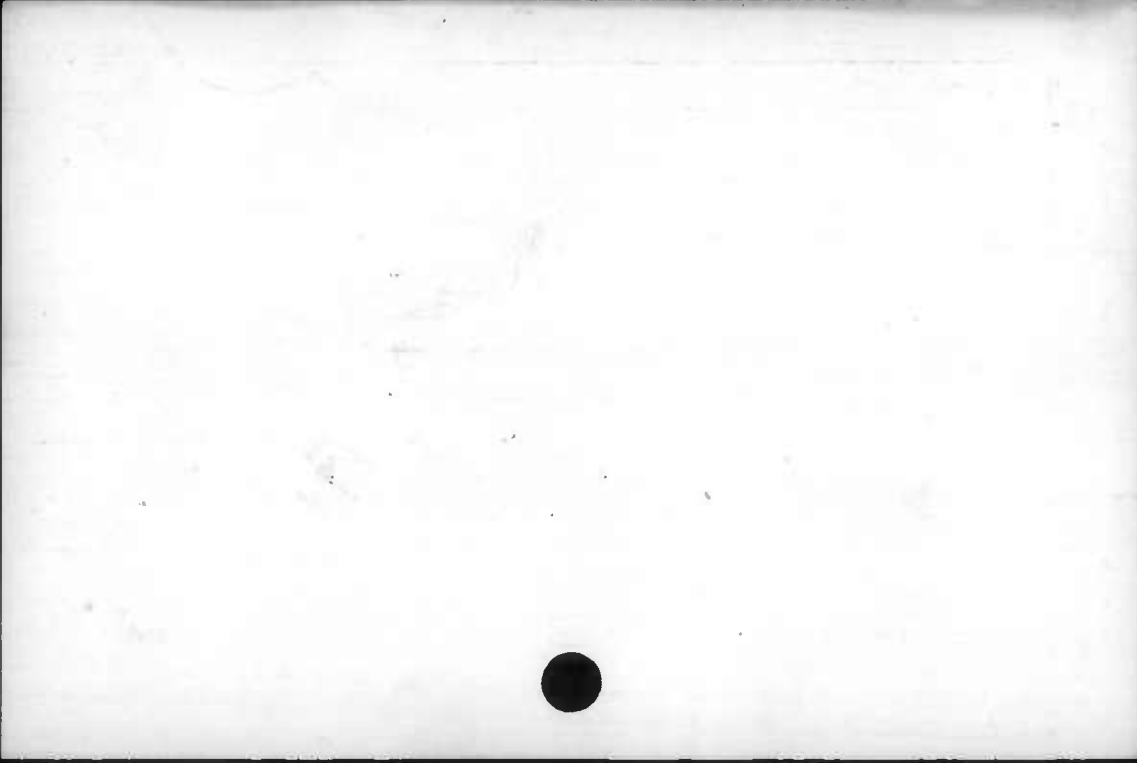
Address

Middletown

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belmont</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>March</i>	Day <i>13</i>	Age <i>70</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Geo S Grashon</i>	Father's Birthplace <i>Frederick County</i>				
Mother's Maiden Name <i>Mary Davis</i>	Mother's Birthplace <i>Madison Va</i>				
Name of person giving information <i>Annie V Grashon</i>	(103)		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

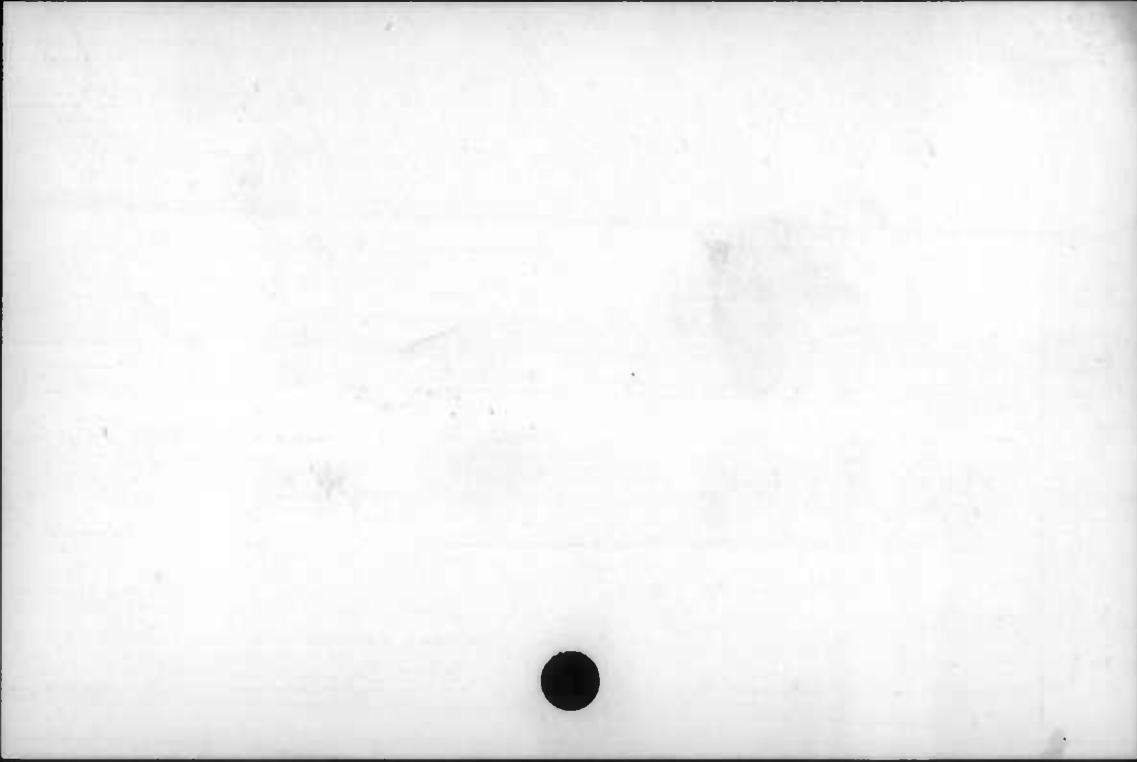
Primary <i>Chronic Gastritis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>4 weeks</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

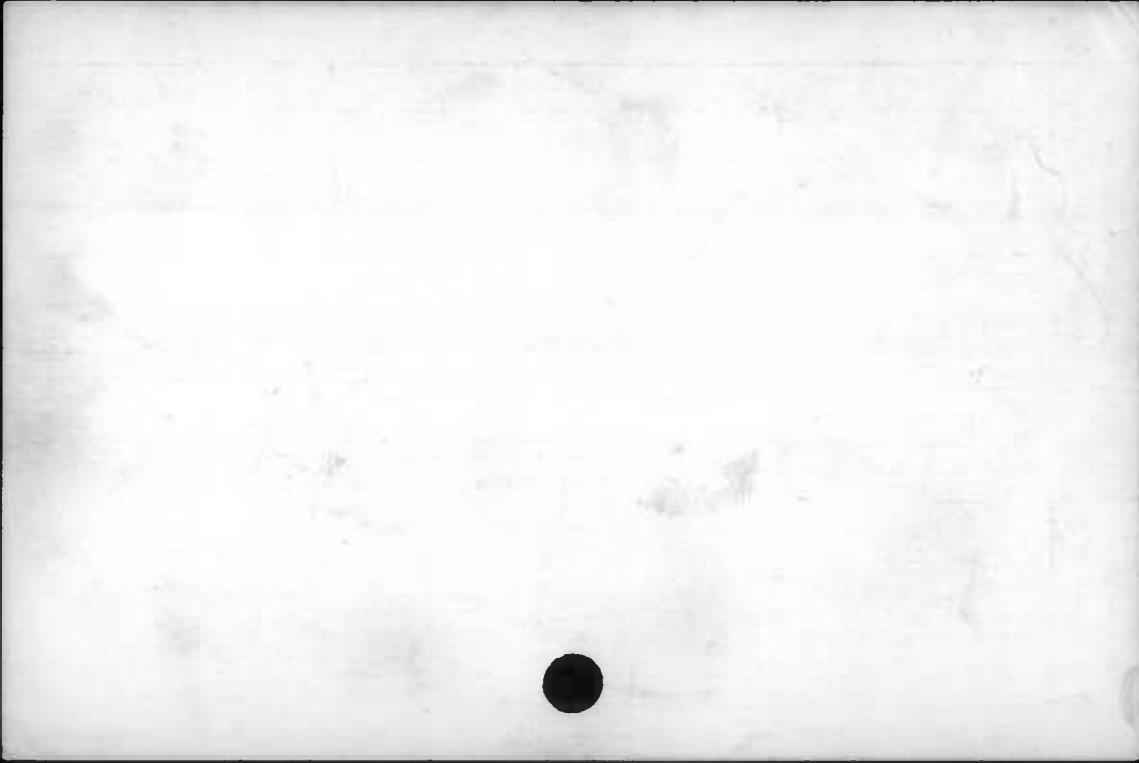
Name *Raymond Ramsberg J. Smith*
Died at *Mar* ^{town} *Leesgaville* ^{County} *Fredrick* ^{MARYLAND}
Date of death 19*00* Month *8* Day *24* Age *—* Months *10* Days *6*
Sex *Male* Color or Race *White* Birth-place *Mar Leesgaville*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *George H. Smith* Father's Birthplace *Fredk Co*
Mother's Maiden Name *Ellen M. Ramsberg* Mother's Birthplace *Fredk Co.*
Name of person giving Information *George H. Smith* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Broncho Pneumonia* How long *3 Weeks*
Immediate *cardiac Paralysis* How long *2 Hours*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank Hedges*
Address *Fredrick Md*
Accident or Suicide *—*



Name
in
Full

Naomia E. Smith

CERTIFICATE OF DEATH

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

of death 1900

Month

3

Day

31

Age

1

Years

Months

1

Days

28

Sex

Female

Color or
Race

White

Birth-
place

Frederick

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John L. Smith

Father's
Birthplace

Frederick Co. Md

Mother's
Maiden Name

Hattie E. Ridenour

Mother's
Birthplace

" " "

Name of person giving
Information

John L. Smith

How related
to deceased

Father

CAUSES OF DEATH

Primary

Not Known

How long

How long

2 Hours

Immediate

Convulsion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. H. Hedges
Frederick

Accident or Suicide

~~~~~

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Mar 9 - 10

" at Meyersville, <sup>Mod.</sup> (H. B.) Cemetery

Thomas P. Rice. F. D.

vs Hedges

vs McCurdy.

Name  
in  
Full

Kitura Snowden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                  |                   |                                            |                            |             |            |
|--------------------------------------|------------------|-------------------|--------------------------------------------|----------------------------|-------------|------------|
| Died at                              |                  | Town<br>Hempflown | County<br>Frederick                        | MARYLAND                   |             |            |
| Date<br>of death                     | 1960             | Month<br>Mar      | Day<br>25                                  | Age<br>73                  | Months<br>1 | Days<br>21 |
| Sex                                  | Female           | Color or<br>Race  | Colored                                    | Birth-<br>place            | Md          |            |
| Occupation                           | Housewife        |                   | Where Residing if not<br>at place of death |                            |             |            |
| Married, Single<br>or Widowed        | Widowed          |                   | Name of Wife or<br>Husband                 | Philip Snowden             |             |            |
| Father's<br>Name                     | Unknown          |                   |                                            | Father's<br>Birthplace     | Md          |            |
| Mother's<br>Maiden Name              | Unknown          |                   |                                            | Mother's<br>Birthplace     | Md          |            |
| Name of person giving<br>Information | Elizabeth Thomas |                   |                                            | How related<br>to deceased | daughter    |            |

## CAUSES OF DEATH

64

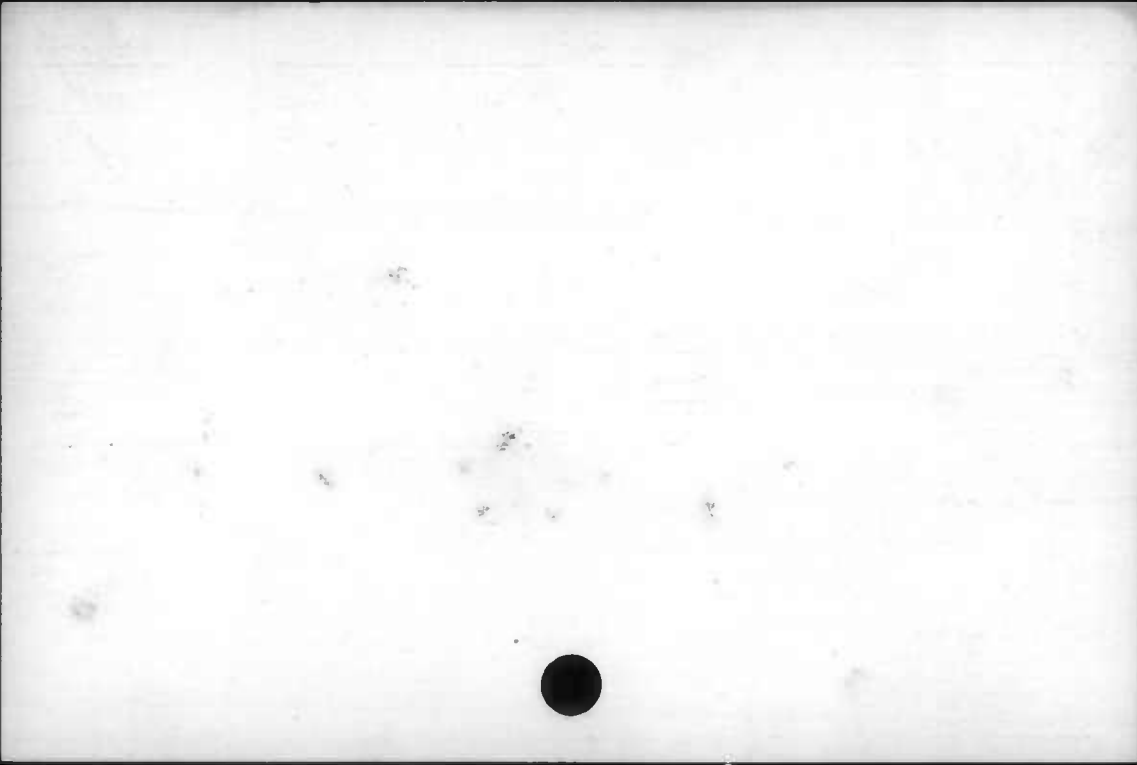
Primary  
Apoplexy and Severe debilityHow long  
3 mo.Immediate  
ExhaustionHow long  
3 daysAre the name, age, sex, color, date  
and place correctly given above? yesSignature of  
Physician

Address

R. B. Groat M.D.  
Hempflown Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

David M. Snyder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

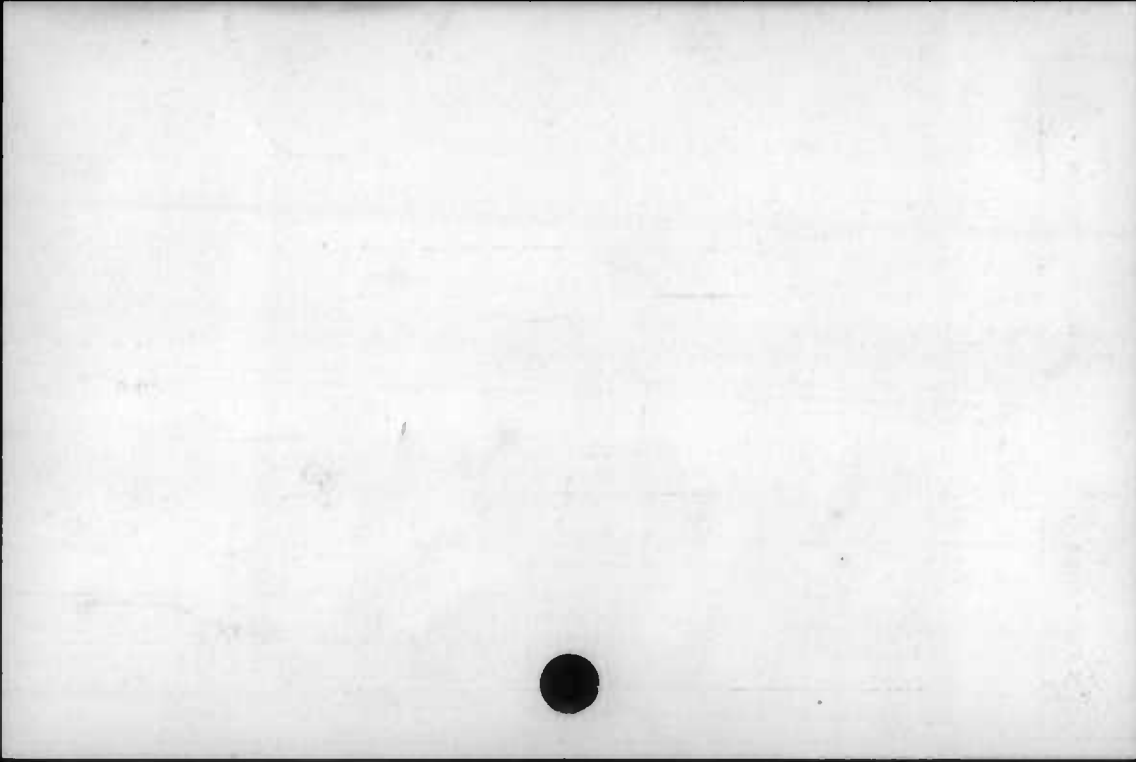
|                                                         |                            |                                                   |                                     |                  |                |
|---------------------------------------------------------|----------------------------|---------------------------------------------------|-------------------------------------|------------------|----------------|
| Died at <i>Johnsville</i> <sup>Town</sup>               |                            | <i>Indenist</i> <sup>County</sup>                 |                                     | MARYLAND         |                |
| Date of death <i>1900</i>                               | Month <i>March</i>         | Day <i>18</i>                                     | Age <i>59</i>                       | Months <i>10</i> | Days <i>14</i> |
| Sex <i>Male</i>                                         | Color or Race <i>White</i> |                                                   | Birth-place <i>Maryland</i>         |                  |                |
| Occupation <i>Thresherman</i>                           |                            | Where Residing if not at place of death           |                                     |                  |                |
| Married, <del>Single</del><br>or Widowed                |                            | Name of Wife or Husband <i>Annie M. Mustbauer</i> |                                     |                  |                |
| Father's Name <i>John Snyder</i>                        |                            |                                                   | Father's Birthplace <i>Maryland</i> |                  |                |
| Mother's Maiden Name <i>Mary Carter</i>                 |                            |                                                   | Mother's Birthplace <i>"</i>        |                  |                |
| Name of person giving information <i>John H. Snyder</i> |                            |                                                   | How related to deceased <i>Son</i>  |                  |                |

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

|                                                                                 |                                             |
|---------------------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Malignant Tumor of Right Shoulder</i>                                | How long <i>about 6 months</i>              |
| Immediate <i>Coma with weak heart</i>                                           | How long <i>about 12 hours</i>              |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>F. H. Sidwell</i> |
|                                                                                 | Address <i>Johnsville, Md.</i>              |
| Accident or Suicide? <i>No.</i>                                                 |                                             |





Name  
in  
Full

## CERTIFICATE OF DEATH

Mrs Frances P. Sparrow

Town

County

Died at

Indenueh

Indenueh

MARYLAND

Date

1960

Month

3

Day

5

Age

Years

5-2

Months

—

Days

of death

Sex

Female

Color or  
Race

White

Birth-  
place

Indenueh Co.

Occupation

H. wife

Where Residing if not  
at place of death

x

Married Single  
or WidowedName of Wife or  
Husband

Chas Sparrow

Father's  
Name

Henry Firestone

Father's  
Birthplace

Co

Mother's  
Maiden Name

Mary Mahoney

Mother's  
Birthplace

Co

Name of person giving  
In formation

J. H. Baumgardner

How related  
to deceased

Son in law

## CAUSES OF DEATH

48

Primary

Rheumatic Gout -

How long

10 years -

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Franklin Buchanan

Address

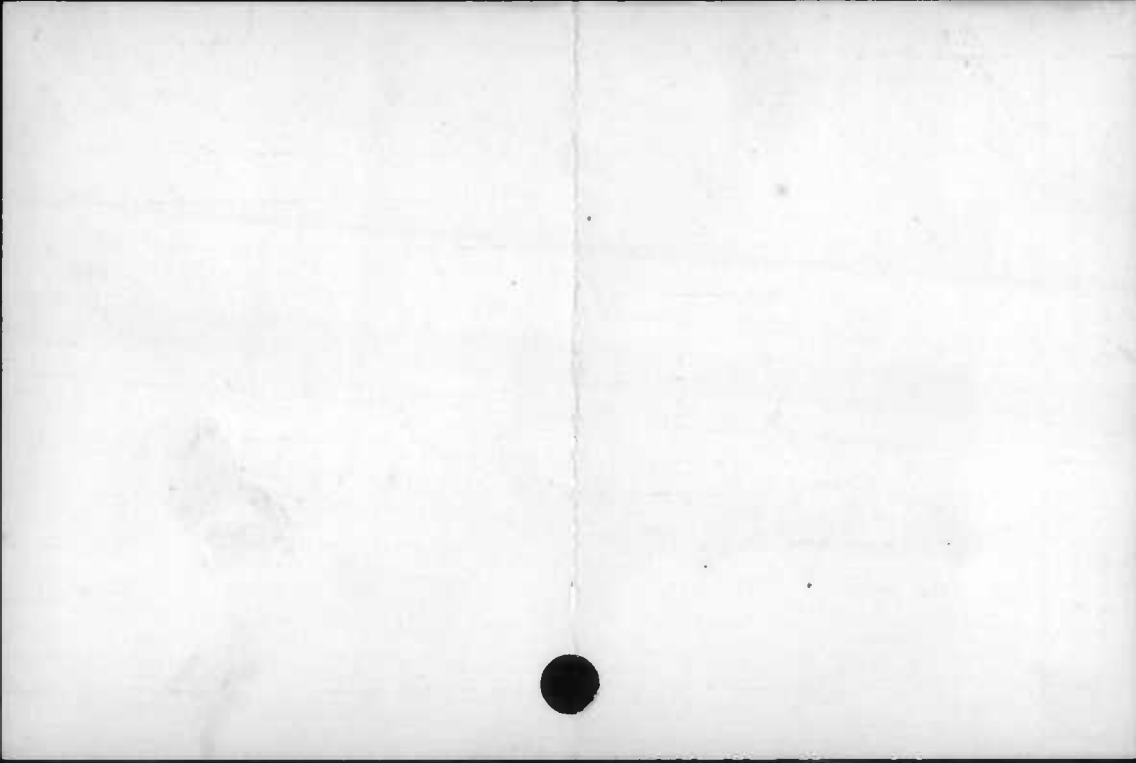
Indenueh

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John Michael Staup* Town *Marlboro* County *Fred*

Died at *Marlboro*

Date of death 19*00* Month *3* Day *23* Age *57* Months *5* Days *20*

Sex *Male* Color or Race *Caucasian* Birth-place *Carroll Co Md*

Occupation *Farmer* Where Residing if not at place of death *At place of death*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Larl Staup* Father's Birthplace *Fred Co. Md.*

Mother's Maiden Name *Maag- Stambough* Mother's Birthplace *Carroll Co. "*

Name of person giving Information *Miss Fannie Staup* How related to deceased *Sis. in law*

CAUSES OF DEATH

79 ✓

PHYSICIAN  
OR CORONER

Primary *Fatty Heart.* How long *Don't know.*

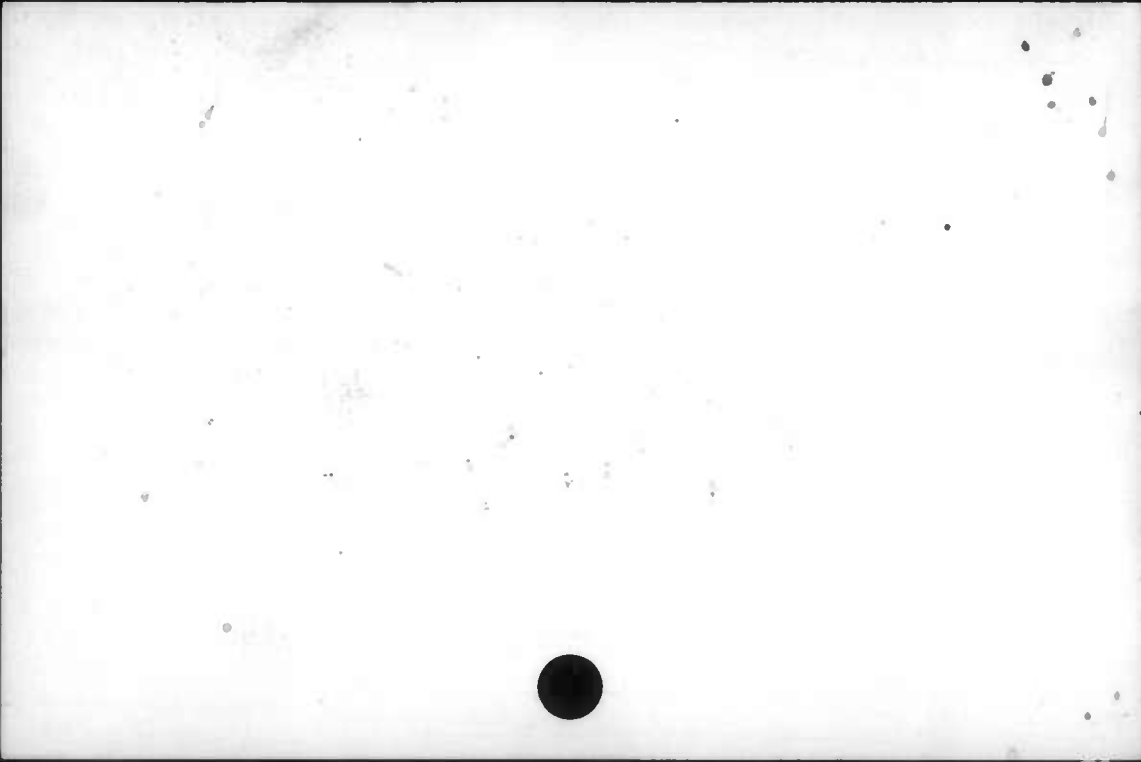
Immediate *Heart Failure (Death sudden)* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Kable,*

Address *Woodshoo,*

*Md.*

Accident or Suicide



Name  
in  
Full

Morton Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Frederick <sup>County</sup> Frederick MARYLAND  
Date of death 1960 <sup>Month</sup> 3 <sup>Day</sup> 30 <sup>Age</sup> 60 <sup>Months</sup> — <sup>Days</sup> —  
Sex Male Color or Race Black Birthplace Virginia  
Occupation White Washer Where Residing if not at place of death Same  
Married, Single or Widowed Widowed Name of Wife or Husband Jennie Hopkins  
Father's Name Unknown Father's Birthplace —  
Mother's Maiden Name " Mother's Birthplace —  
Name of person giving Information Mary Wright How related to deceased Step Daughter

CAUSES OF DEATH

Primary Melotum y heart

Immediate 9 of pneumonia  
Are the name, age, sex, color, date and place correctly given above? yes

Accident or Suicide

79

How long

35 days

How long

3 days

Signature of Physician

Address

W. A. Long  
Frederick Md.

PHYSICIAN  
OR CORNER

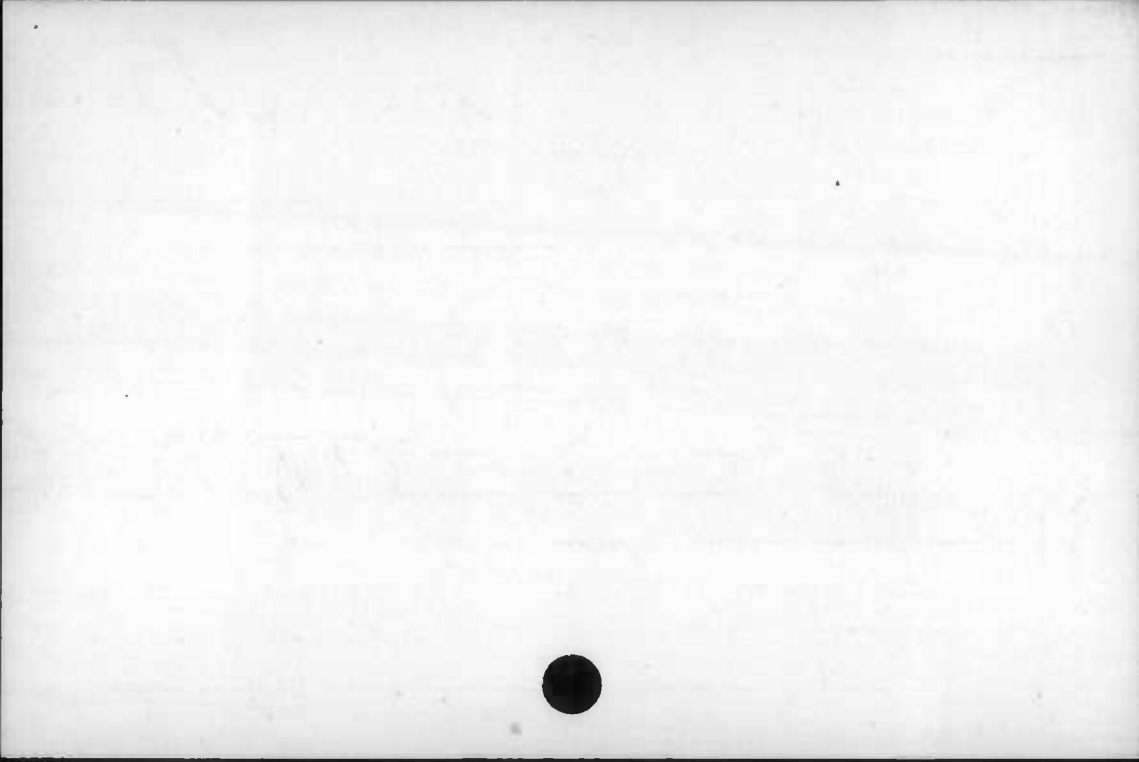
Interment Apr 1 1910  
" at Laboring Sons Cem.

Thomas R Rice F. D.

of Long

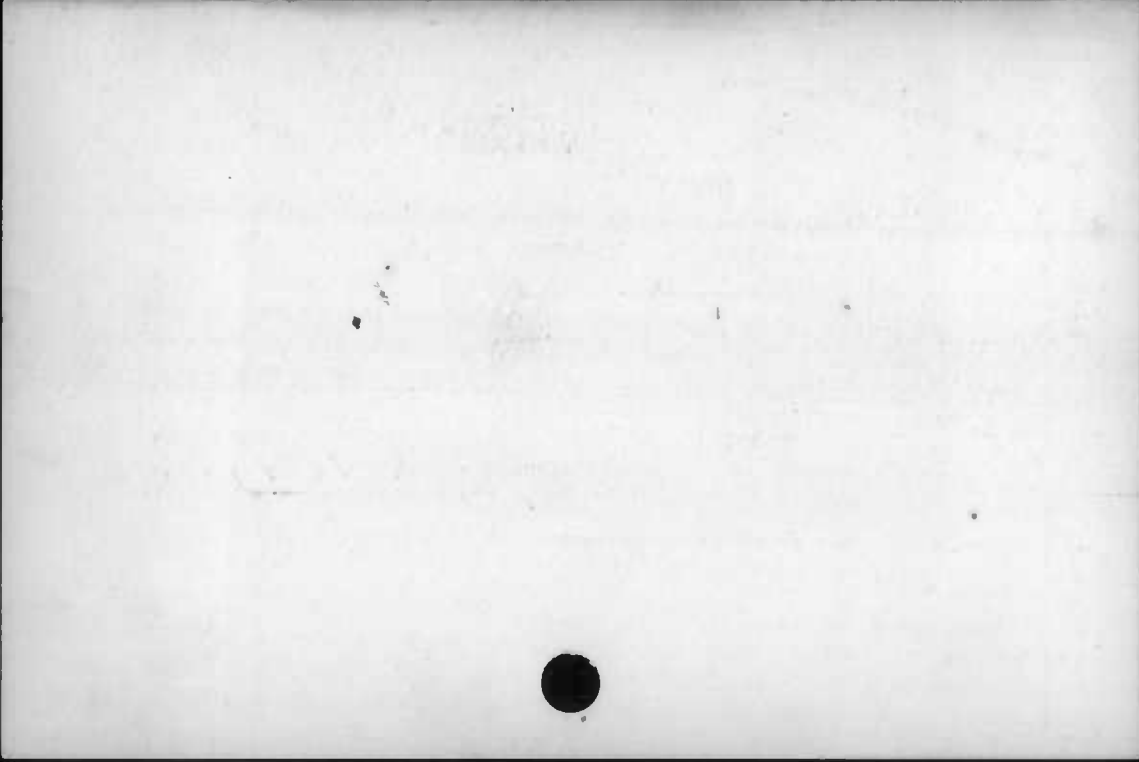
as McCurdy

| Name in Full                                                         |  | Town              |  |                                         |  | County                     |  | CERTIFICATE OF DEATH |  |              |  |
|----------------------------------------------------------------------|--|-------------------|--|-----------------------------------------|--|----------------------------|--|----------------------|--|--------------|--|
| William Stoops                                                       |  | Lantz             |  |                                         |  | Frederick Co               |  | MARYLAND             |  |              |  |
| Died at                                                              |  | Date of death     |  | Month                                   |  | Day                        |  | Age                  |  | Years        |  |
| 1900                                                                 |  | March             |  | 12                                      |  | 69                         |  | —                    |  | 2            |  |
| Sex                                                                  |  | Male              |  | Color or Race                           |  | white                      |  | Birth-place          |  | Pennsylvania |  |
| Occupation                                                           |  | Farmer            |  | Where Residing if not at place of death |  | Lantz                      |  |                      |  |              |  |
| Married, Single or Widowed                                           |  | Married           |  | Name of Wife or Husband                 |  | Seraphine Stoops           |  |                      |  |              |  |
| Father's Name                                                        |  | Samuel Stoops     |  | Father's Birthplace                     |  | Pennsylvania               |  |                      |  |              |  |
| Mother's Maiden Name                                                 |  |                   |  | Mother's Birthplace                     |  |                            |  |                      |  |              |  |
| Name of person giving information                                    |  | Seraphine Stoops  |  | How related to deceased                 |  | Wife                       |  |                      |  |              |  |
|                                                                      |  |                   |  | CAUSES OF DEATH                         |  | 64                         |  |                      |  |              |  |
| Primary                                                              |  | Supposed Apoplexy |  | How long                                |  | Instant                    |  |                      |  |              |  |
| Immediate                                                            |  |                   |  | How long                                |  | —                          |  |                      |  |              |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Yes               |  | Signature of Physician                  |  | G. J. Stem, acting coroner |  |                      |  |              |  |
|                                                                      |  |                   |  | Address                                 |  | Sabillasville, Md.         |  |                      |  |              |  |
| Accident or Suicide?                                                 |  |                   |  |                                         |  |                            |  |                      |  |              |  |





| Name<br>in<br>Full                                     |                                                                      | Paul Roy Sundergill |                            |                         |                                         | CERTIFICATE OF DEATH |                   |
|--------------------------------------------------------|----------------------------------------------------------------------|---------------------|----------------------------|-------------------------|-----------------------------------------|----------------------|-------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                    | Died at                                                              |                     | Unionville <sup>Town</sup> |                         | Frederick <sup>County</sup>             |                      | MARYLAND          |
|                                                        | Date of death                                                        |                     | 1900                       | March                   | 11                                      | Age                  | Years Months Days |
|                                                        | Sex                                                                  |                     | Boy                        |                         | Color or Race                           |                      | White             |
|                                                        | Occupation                                                           |                     |                            |                         | Birth-place                             |                      | Unionville        |
|                                                        |                                                                      |                     |                            |                         | Where Residing if not at place of death |                      |                   |
|                                                        | Married, Single or Widowed                                           |                     |                            |                         | Name of Wife or Husband                 |                      |                   |
|                                                        | Father's Name                                                        |                     | Stanley Sundergill         |                         | Father's Birthplace                     |                      | Md.               |
| Mother's Maiden Name                                   |                                                                      | Emma E. Ensor       |                            | Mother's Birthplace     |                                         | Md.                  |                   |
| Name of person giving information                      |                                                                      | Stanley Sundergill  |                            | How related to deceased |                                         | Father.              |                   |
| <div>CAUSES OF DEATH</div> <div>109 <sup>v</sup></div> |                                                                      |                     |                            |                         |                                         |                      |                   |
| PHYSICIAN<br>OR CORONER                                | Primary                                                              |                     | Acute indigestion          |                         | How long                                |                      | 36 hours.         |
|                                                        | Immediate                                                            |                     | Exhaustion                 |                         | How long                                |                      | 6 hours.          |
|                                                        | Are the name, age, sex, color, date and place correctly given above? |                     | Yes                        |                         | Signature of Physician                  |                      | M. S. Pearce      |
|                                                        |                                                                      |                     |                            |                         | Address                                 |                      | Unionville        |
|                                                        | Accident or Suicide?                                                 |                     |                            |                         |                                         |                      | Maryland.         |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *John F. Maganman* Town *Lantz* County *Frederick* MARYLANDDate of death 1900 *March* Month *25* Day Age *—* Years Months *2* DaysSex *Boy* Color or Race *white* Birth-place *Lantz*Occupation *—* Where Residing if not at place of death *home*Married, Single or Widowed *single* Name of Wife or HusbandFather's Name *Mrs. R. Maganman* Father's Birthplace *Lantz Md*Mother's Maiden Name *Allie McFee* Mother's Birthplace *Foxville, Md*Name of person giving Information *Mrs. R. Maganman* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Bleed to Death* How long *2*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *No Physician*Address *G. H. Stern, L.R.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Robert Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Bartholomws* <sup>County</sup> *Fredricks* **MARYLAND**

Date of death <sup>Month</sup> *1900 Mar* <sup>Day</sup> *22* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *7*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*

Father's Name

*Harvey Watkins*

Father's Birthplace

*Md*

Mother's Maiden Name

*Bertha B. Bellison*

Mother's Birthplace

*Md*

Name of person giving Information

*Harvey Watkins*

How related to deceased

*Father*

## CAUSES OF DEATH

*151*

Primary

*Premature birth*

How long

*unknown*

Immediate

*Unknown*

How long

*unknown*

Are the name, age, sex, color, data and place correctly given above?

*yes*

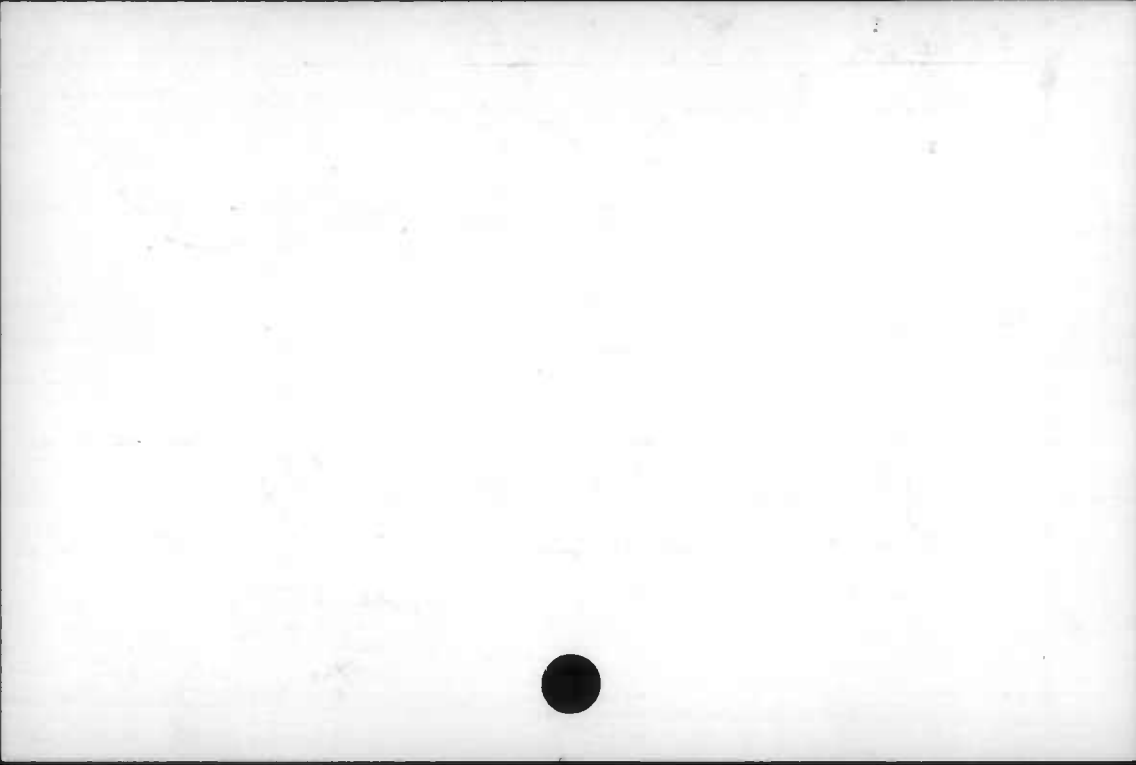
Signature of Physician

Address

*D. C. Frost M.D.*  
*Moravia*  
*Md*

Accident or Suicide

*No*



Name  
in  
Full

William H. Melty

## CERTIFICATE OF DEATH

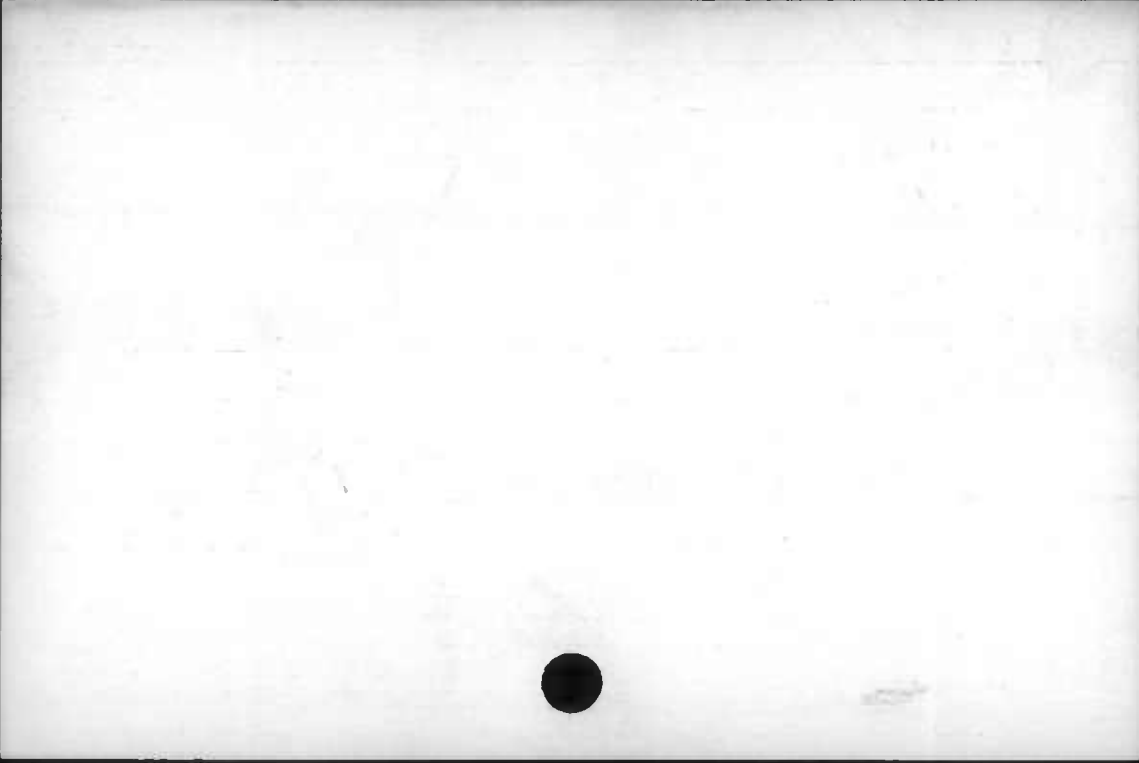
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                              |  |                                                             |               |                             |                 |               |  |
|--------------------------------------------------------------|--|-------------------------------------------------------------|---------------|-----------------------------|-----------------|---------------|--|
| Died at <i>Frederick City Hospital, Frederick</i>            |  | Town <i>Frederick</i>                                       |               | County <i>Frederick</i>     |                 | MARYLAND      |  |
| Date of death <i>1900</i>                                    |  | Month <i>3</i>                                              | Day <i>14</i> | Age <i>62</i>               | Months <i>6</i> | Days <i>—</i> |  |
| Sex <i>Male</i>                                              |  | Color or Race <i>White</i>                                  |               | Birth-place <i>Maryland</i> |                 |               |  |
| Occupation <i>Laborer</i>                                    |  | Where Residing if not at place of death <i>Frederick Md</i> |               |                             |                 |               |  |
| Married, Single or Widowed                                   |  | Name of Wife or Husband <i>William H. Melty</i>             |               |                             |                 |               |  |
| Father's Name <i>Jas. E. Melty</i>                           |  | Father's Birthplace <i>Md</i>                               |               |                             |                 |               |  |
| Mother's Maiden Name <i>Anna, Mary Wood</i>                  |  | Mother's Birthplace <i>Md</i>                               |               |                             |                 |               |  |
| Name of person giving Information <i>William H. Melty Jr</i> |  | How related to deceased <i>Son</i>                          |               |                             |                 |               |  |

## CAUSES OF DEATH

|                                                                      |                      |                                           |                |
|----------------------------------------------------------------------|----------------------|-------------------------------------------|----------------|
| Primary                                                              | <i>Typhoid fever</i> | How long                                  | <i>3 weeks</i> |
| Immediate                                                            | <i>Heart failure</i> | How long                                  | <i>2 days.</i> |
| Are the name, age, sex, color, date and place correctly given above? |                      | Signature of Physician <i>T B Johnson</i> |                |
|                                                                      |                      | Address <i>Frederick Md</i>               |                |
| Accident or Suicide                                                  |                      |                                           |                |

PHYSICIAN  
OR CORONER





Name  
in  
Full

Ellena Whalen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick <sup>Town</sup> Frederick <sup>County</sup> **MARYLAND**

Date of death 1900 <sup>Month</sup> March <sup>Day</sup> 7 <sup>Years</sup> 74 <sup>Months</sup>        <sup>Days</sup>       

Sex Female Color or Race White Birth-place MD

Occupation Seamstress Where Residing if not at place of death       

☒ Married, Single or Widowed ☐ Name of Wife or Husband       

Father's Name Beal Whalen Father's Birthplace MD

Mother's Maiden Name Mary Holt Mother's Birthplace MD

Name of person giving information Rachel Faust How related to deceased sister

## CAUSES OF DEATH

64

H  
PHYSICIAN  
OR CORONER

Primary Cerebral Haemorrhage How long Immediate

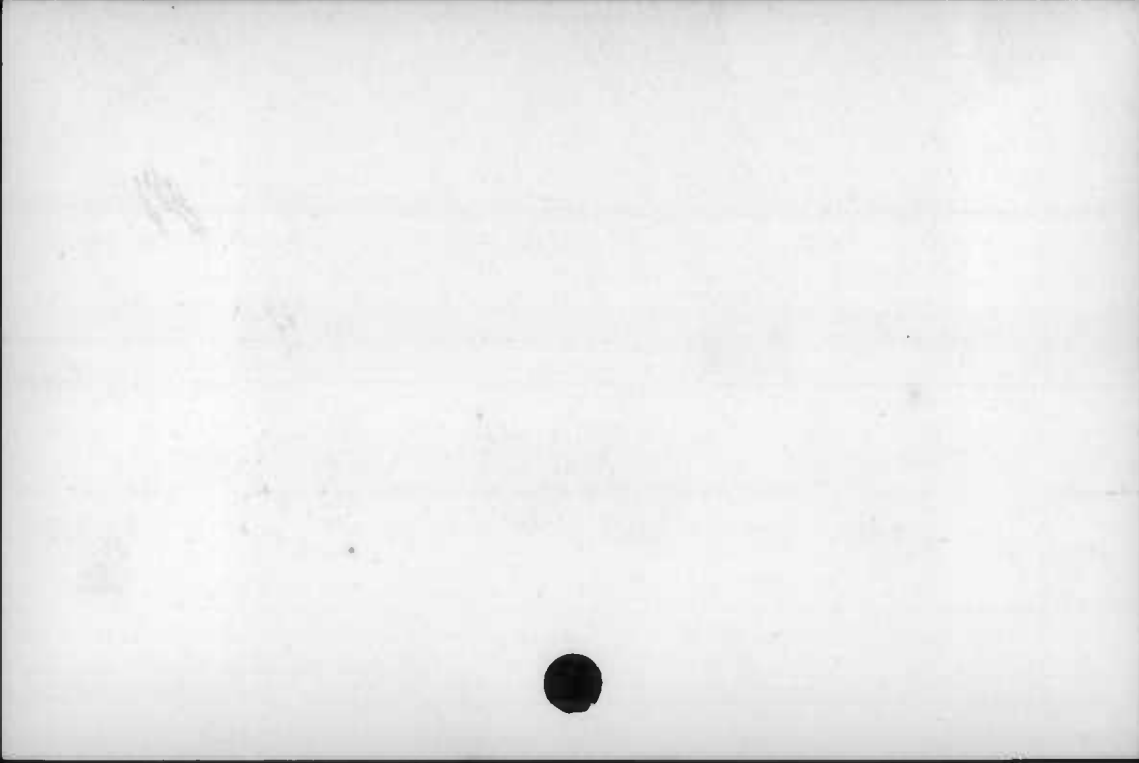
Immediate Pulmonary Cause of Respiration How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm. Crawford Brown

Address Frederick MD

Accident or Suicide? No



Name  
in  
Full

Not Named Winebrenner

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Near Woodabow <sup>County</sup> Frederick MARYLAND  
Date of death 19<sup>00</sup> <sup>Month</sup> March <sup>Day</sup> 9 Age <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> Still Born

Sex Male Color or Race White Birth-place Near Woodabow  
Occupation <sup>Where Residing if not at place of death</sup> Same

~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband none

Father's Name Moses V. Winebrenner

Father's Birthplace Fred Co Md.

Mother's Maiden Name Bessie Gertrude Myers

Mother's Birthplace Fred. Co. Md.

Name of person giving Information Moses V. Winebrenner

How related to deceased Father

CAUSES OF DEATH

Primary Still Born

How long 8 ✓

Immediate

How long ✓

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

C. A. Stultz M.D.

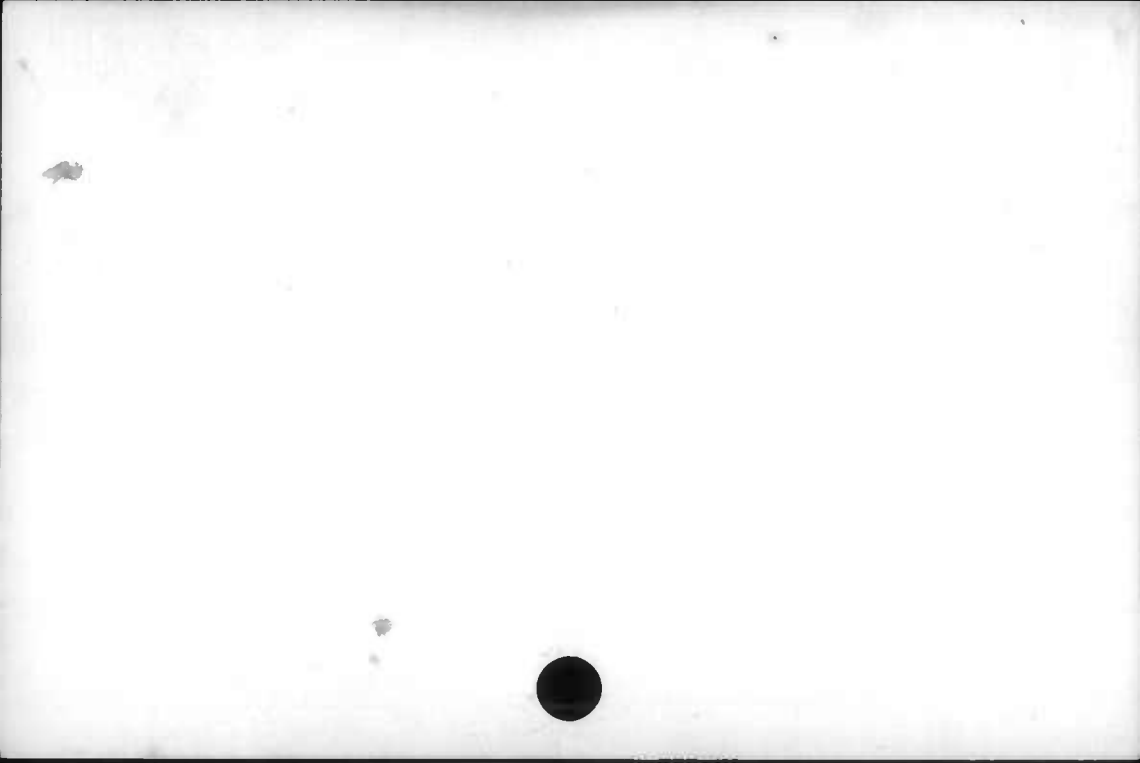
Address

Accident or Suicide

✓

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Marcia Walf

Died at Garfield Town Frederick Co County MARYLAND  
 Date of death 1990 Month 3 Day 21 Age 11 Months 22 Days 22  
 Sex Female Color or Race White Birth-place Garfield  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband None  
 Father's Name Walter A Walf Father's Birthplace Garfield  
 Mother's Maiden Name Bessie M Hughes Mother's Birthplace Smithsburg  
 Name of person giving Information Walter A Walf How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia How long 3 days  
 Immediate Pneumonia How long 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Goetz  
 Address Smithsburg Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Alexander Woodward

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Frederick

Frederick

Date of death 1910

Month

3

Day

17

Age

Years

88

Months

10

Days

13

Sex

Male

Color or Race

White

Birthplace

Frederick

Occupation

Brick Layer & Produce Merchant

Where Residing if not at place of death

Same

Married, Single or Widowed

Widowed

Name of Wife or Husband

Ellen Burrall

Father's Name

John Woodward

Father's Birthplace

Maryland

Mother's Maiden Name

Sarah Albaugh

Mother's Birthplace

"

Name of person giving Information

Mrs. Geo. T. Lewis

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Hypertrophy of Prostate gland

How long

5 years

Immediate

Cystitis - Pyonephrosis

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Wm M. Smith

Address

Frederick, Md.

Accident or Suicide

~ ~ ~

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Interment Mar 19, 1910  
" at Mt. Olivet Cem.  
Thomas P. Rice F.D.

Dr T B. Johnson

Dr M. Cundy



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ruth May Ginger

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

of death 1940

Month

3

Day

6

Age

1

Years

Months

7

Days

20

Sex

Female

Color or  
Race

White

Birth-  
place

Frederick

Occupation

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Harry E. Ginger

Father's  
Birthplace

Frederick

Mother's  
Maiden Name

Rhoda Rice

Mother's  
Birthplace

Frederick, Md

Name of person giving  
Information

H. E. Ginger

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pertussis &amp; Gastritis

How long

8 weeks.

Immediate

Broncho-Pneumonia

How long

5 days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

L. E. Brown

Address

Frederick, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

Interment Mar 8 - 10

" at Mt. Olivet Cemetery

Thomas P. Rice Fial.

at J. O. Hendrix

at McCurdy